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· WHAT SHALL BE DONE WITH CANCER?

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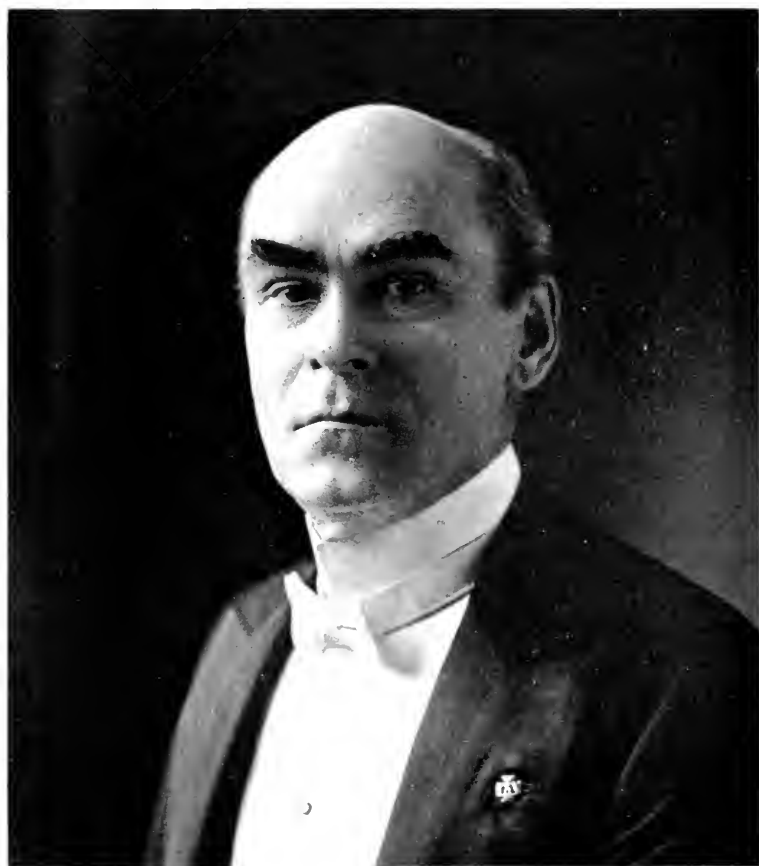
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Homœopathy, Annual Session, 1915, at Chicago

Members of the Institute:

We have again assembled as members of the American Institute of Homœopathy in annual session.

Some of our old and honored members have gone to that bourne whence no traveler returns. They have done their work well. Their work is their monument. We will honor their memory, and hope that their practice and labors for homœopathy may be the seed whence will come more faithful adherence upon our part to the tenets, to the practice and to the spread of homœopathy for the good of humanity and the advancement of scientific medicine and surgery.

We welcome the younger men and women and willingly pass to their strong hands the living torch of homœopathy, and urge them to proudly bear it aloft, keeping alive the flame to the not far distant day when all scientific medical men and women will employ its healing virtues for the welfare and health of the nations of earth.

This is the American Institute of Homœopathy, the oldest national medical society in the United States of America. The work of this scientific body of medical practitioners includes all departments of medicine and surgery as well as preventive medicine and research work. In addition to this work, this Institute is the representative organization of many thousands of physicians who care for the health of millions of the men, women and children in our great nation. This Institute and these physicians and these people are specialists in homœopa-

thy. After all has been said about the activities of the American Institute of Homœopathy along all ordinary lines of medical and surgical investigation and work, the great outstanding fact and truth is that this is an "Institute of Homœopathy" and its primary and principal work is to develop by research and practice the principles, the methods, and the scientific basis of homœopathy.

Not that we believe less in the fundamentals of medicine and surgery, but that we believe more in homœopathy as a demonstrated method of internal medication covering a period of more than one hundred years.

Not that we detract one iota from all advancements in the art of medicine. But, while we accept many of the discoveries and weigh all claims for anything which promises to benefit humanity and allay suffering, we at the same time are here met together to further develop and put to every scientific test homœopathy, the only method which has met every requirement for the selection and administration of drugs for internal use.

I feel deeply and I desire to speak with all earnestness on this subject. This is the key note of our organization. Let me tell you a story to illustrate my point. Many years ago there were some twelve young men who aspired to become students in the offices of a great law firm in New York City. The firm could not retain all of them and so a novel plan was arranged to test the qualifications of the men. A member of the firm gathered them all in the office one evening and told them a story at length about a man who went to a barn one night to do the chores. His dog scared up a squirrel in the barn and in the race for the squirrel by the man and dog, the barn was burned to the ground and much property was destroyed. After the lawyer had finished his story he asked the young men if they had any questions to ask. Many questions were asked, but a slender youth said nothing. Finally upon being asked if he had anything to say, he made this query: "Did he catch the squirrel?" He kept to the main point which all the others missed. That young man was Mr. Choate, former ambassador to England and one of the great lawyers of this country.

Let us not digress in our work and discussions so much that we miss the main point of our study and organization,—Homœopathy.

Let us stick to our text and show to the world that here is a great body of scientific men and women who have the courage of their convictions, and the proof of their contentions. The renaissance of homœopathy is here. Let us be up and doing so that every earnest medical practitioner in the country may have the opportunity to learn all about this great method of treatment, and assist in the healing of the sick, and increasing the efficiency of humanity.

Recommendations

The question of Examining Boards is a hackneyed one. However, it is a live and important subject and it must be met. In the organization of state boards I would advise and urge the establishment of separate Homœopathic Examining Boards in every state. There is no question as to the ability of homœopathic graduates to pass composite boards as at present constituted in some states; the records demonstrate their equal and in many instances superior qualifications in passing examinations. Homœopathic colleges are equal to any and superior to many old school colleges, and homœopathic physicians in practice are the peers of all physicians and the superiors of a vast number of old school on the basis of absolute efficiency and ability to cure disease and relieve human suffering. Let us stand squarely on our own feet. The majority of old school physicians today confess their inability to relieve or cure disease by means of internal medication. Why cater to or lean upon a wing of the medical profession which confesses ignorance of homœopathic therapeutics and decries its application and use for suffering humanity?

There are two alternative propositions for Medical Examining Boards, as far as homœopathic physicians are concerned. The first is the separate Homœopathic Examining Board, which I earnestly recommend for adoption in every state. The second, or alternative proposition, is a National Medical License, good in any state or territorial possession of the United States. The national law is the ideal method. The entering wedge for a national law has been made in the passage of the Harrison Narcotic Law. The United States Treasury Department, in the collection of its fee from physicians by the internal revenue collectors, has made a complete list of physicians who are licensed by the various states. I recommend that this Institute pass a resolution endorsing and advocating a National

Licensure Law whereby all physicians now licensed under state laws will, for a nominal fee, be licensed automatically without further examination under the National Law. The rights of homœopathic physicians can be fully safeguarded under such a proposed law.

Business Management of the Institute

I recommend that the offices of Secretary and Treasurer be consolidated and a suitable bond required. Let us conduct the business of the Institute on a business basis. Having the Secretary and Treasurer combined in one official will save expense, time, efficiency and much lost energy. I recommend that the business manager arrangement be abolished, and that a stenographer, employed in the office of the Secretary or Editor, arrange to push the advertising end of the Institute JOURNAL. It is folly and foolish waste of money to pay a man for securing advertisements on a commission basis, or any other basis, except as his work is done in connection with the purely office detail work under the control and direction of the Secretary and Editor. As a matter of fact, much of the medical advertising today, in fact a majority of the large and regular advertisers in medical publications, place their own advertising either direct or through their own advertising agencies, without any expense or commission from the JOURNAL. Any competent office assistant who can frame a business letter can solicit advertising without extra and unnecessary expense to the Institute.

The Institute should provide a commodious suite of offices of four or five rooms where the business of the Institute can be carried on in an efficient manner. These offices can be secured in some excellent office building outside the fancy high rental district in the city where the office of the Institute is located. The Institute is a good and desirable tenant, and if overtures are made to the management of some good office building, quarters can be secured and arranged in a convenient manner at a moderate expense. I recommend that this be done.

Election of Officers and Trustees

I recommend that a change be made in the method of electing officers and trustees. The June number of the *North American Journal of Homœopathy* calls attention to this matter

and makes some excellent suggestions. We should strive to make the Institute a democracy in fact, as we do in name. Under the present plan we solicit our young men and women to join the Institute and a great majority of them are unable to attend the Institute meetings, consequently have no voice whatever in the selection of officers and trustees and administration of the affairs of the Institute. They very properly feel that they have a grievance, and are taxed for dues without representation or voice in the management. I recommend that trustees and officers of the Institute be elected by postal card or letter ballot. This can be easily arranged by mailing out return postal cards to all members about six weeks before the annual meeting. Let the election be by a plurality vote, the highest several candidates being elected for trustees, and the one person having the highest vote for the several officers on a plurality basis being elected. Furthermore for the officers like Secretary and Treasurer as combined in one, and Editor of the JOURNAL, let candidates who desire to enter the lists state their qualifications in the JOURNAL two months before the election.

I recommend that there be no ex officio membership in the Board of Trustees except that of the President. This proposition is so simple and obvious that it needs no argument. It is in line with modern business methods. Give us real rotation in office, new blood, new ideas, and a real democracy. Most of the savage and well directed attacks on a certain medical organization I could name are due to the close and selfish methods of a ring of men who dictate the management of the organization. Let us avoid the pitfalls of such organizations and make and create in the American Institute of Homœopathy a medical society by, for and of the homœopathic physicians of these United States. If we do this, we shall have the greatest Medical Institute in the country.

Hoping that our papers will show the high merit of former years, that their discussion will be full and fearless, and all of the proceedings of this body of learned men and women will show the unselfish desire for the greatest good to the cause of Homœopathy and the advancement of medical science, I declare the seventy-first session of the American Institute of Homœopathy now open and ready for work.

THE PRESIDENT'S EVENING ADDRESS

By Byron E. Miller, M. D., Portland, Oregon

The psychology of the present world conditions points to the fact that this is the time for all physicians who believe in and practice according to the law of similars to urge the claims of this and all organized agencies for the development and spread of the tenets of homœopathy and scientific medicine; and to place the application of *materia medica*, selected according to the law of similars, before the boards and trustees of all hospitals, and government departments of all nations concerned with public health.

In Argentine, homœopathy is recognized and shares in the government hospital service, and valuable scientific work is being done.

In France, a large chateau has been made a government hospital and a force of homœopathic physicians, surgeons and nurses has been given complete charge with the assurance that still larger quarters will be assigned for permanent use.

In most of the larger American cities, homœopathic physicians and surgeons have definite assignments and portions of municipal hospitals under their control, as well as state hospitals in many states for the care of the insane.

This approach of the united forces of homœopathic practitioners and laymen for representation and a share in all public health utilities of states and municipalities by representative physicians and leading laymen, will in my opinion in the near future place homœopathy as a scientific method of administering drugs for the relief of diseased conditions in a most desirable position throughout this country and the entire world.

Team work is the order of the day. A volunteer organization of laymen and physicians, with each member working in his own community with the coöperation of the entire organization, will start and keep this necessary work in constant action.

Political Activity

It is a pity that so few homœopathic physicians take an active interest in politics. There was a time when it was considered improper for physicians to take part in political work of any kind, but today there is crying need for medical men and women to take part in the framing of just and equitable

laws, to assist in securing good government, and electing clean and capable men to public office. The public mind is in a receptive mood. Physicians are closer to humanity than the members of any other profession, and physicians are held in higher esteem than members of any other profession, because of this essentially personal relation. The medical profession is the only profession or business, which by the efforts of its members to promote good health and prevent disease, is systematically and persistently lessening its financial returns by such action. In spite of the growth and development of religious cults and healing fads, which are organized to oppose and undermine the work and financial returns of physicians, the medical profession pursues the even tenor of its way, seeking by every means known to science and the art of healing to unselfishly promote the physical well-being of humanity. The medical profession is frequently maligned, unjustly criticised, but the triumphs of scientific medicine and the unselfish devotion of physicians to their chosen work is a complete answer to carping critics. The great multitude of humanity appreciate and estimate the physicians' work at its true value. The time is ripe for physicians to enter active political life and by their ripe ability, discriminating judgment, and good sense help to mold public opinion along helpful and constructive lines.

A Duty to Humanity

As homœopathy deals with the selection and use of medicines to be given internally for the relief and cure of diseased conditions, we owe a duty to humanity in the matter. We hear a great deal in these latter days of nihilism in medicine. Some would-be authorities tell the public that medicines given internally are of little use in modifying or curing abnormal physical conditions. This would be an important statement if true. We as homœopathic physicians know it is absolutely and unqualifiedly false. It is false today and it has been false for more than one hundred years since Samuel Hahnemann demonstrated the truth of the law of drug selection and cure.

It is a curious psychological fact that physicians today who have practiced medicine for years and have selected their remedies for internal use according to the law of similars, are less earnest in the advocacy of the cause of homœopathy and in spreading the truth of the homœopathic principle than physicians were ten, twenty or even thirty years ago. We may

look for the cause in personal success and prosperity of the average homœopathic physician, in the change in the attitude of the old school towards homœopathy, or possibly a general lethargy which has fallen upon homœopathic physicians. Another curious thing in the psychology of situation is the fact that homœopathic laymen show much more enthusiasm in spreading the truths of homœopathy than do homœopathic physicians.

We must change our attitude towards the public. We are not suppliants for favor to introduce experiments. Homœopathy has withstood more than one hundred years of assault. It has cured hundreds of thousands of sick, has hospitals and colleges, and other institutions which are the peers of any of similar character in the world. We are practitioners of a method of special therapeutics which has revolutionized the medical world, and has modified medical practice more than any other method or system ever proposed or practiced. Now, when the entire medical world is swinging to our viewpoint and coming to a full realization of the truth of the law of similars, let us through the American Institute, and our other homœopathic organizations, boldly tell the people the truth, and demand the employment of homœopathic method in all public institutions in the interest of the public welfare. Let us turn the shield and instead of demanding recognition of homœopathy, let us demand the employment of the homœopathic method solely in the interest of the public welfare and health. We do not need any recognition. We have it in full measure and abundance. But the public needs homœopathy and it is our duty as members of the American Institute of Homœopathy to insist in season and out of season that the public health should be conserved by the adoption of homœopathic treatment.

The endowment of a Department of Homœopathic Materia Medica with a practical laboratory for proving by Mr. Hering, son of the famous Dr. Constantine Hering, at the Hahnemann Medical College of Philadelphia, and special laboratories in many of our other homœopathic colleges for research work in various lines, are a source of much gratification and pride to all earnest homœopathic physicians. All of our colleges are showing renewed activity and growth, and are teaching homœopathy as the foundation stone of special therapeutics,

and giving broad and complete educational advantages equal to any old school institutions, and superior to them in the addition of thorough training in the application of the law of similars.

The opening of the College of Homœopathic Medicine, Ohio State University, is an advance along the lines indicated above. Where it is feasible, homœopathic medical departments in state universities with ample support from the state, will do more to advance homœopathy and bring it before the people than small independent medical colleges poorly equipped and endowed. The incorporation of the Southwest School of Medicine and Hospital at Kansas City is another homœopathic achievement.

Postgraduate Medical Schools

Several of the former presidents of the Institute have urged the establishment of postgraduate schools. This is in my opinion an important matter. The amount of work laid out and demanded of students in our medical schools almost precludes the possibility of the student being properly trained in homœopathic materia medica, the selection of the remedy, and the practical ability to prescribe successfully. The real test of any physician from the standpoint of the patient seeking relief for his physical ailments is his ability to give the relief sought. That is the reduction of the problem to its simplest form. Modern laboratory work and the refinements of diagnosis are laudable and praiseworthy, but the homœopathic physician must know how to use the law of similars if he becomes a successful prescriber. If a graduate of a homœopathic college does not know how to prescribe in accordance with the law of similars he has missed the principal part of his college course of study. We should by all means have several postgraduate schools. Homœopathy is a specialty in medicine. It is the only scientific method for the selection of the remedy for internal administration.

Many of the graduates of our homœopathic colleges frankly admit they know little about homœopathic prescribing. This is a poor showing for the schools. Postgraduate schools will remedy this to a certain degree, but it is imperative that more stress should be placed upon instruction in homœopathic materia medica and homœopathic therapeutics in our homœopathic colleges during the regular college courses of study. It

is possible that all the medical colleges, homœopathic included, are giving too much specializing in laboratory diagnosis and the specialties in the regular course. Would it not be better and wiser to fit our young men and women for their life work with a good, broad, general education in medicine and surgery, leaving the refinements and specialties for later post-graduate work? In the competition of the colleges for complete courses of study, they are exceeding the capacity of the young minds to properly assimilate all the studies offered them in the time allowed, with the result that those branches and lines of study preferred by each individual will be emphasized, and absolute deficiency in other branches will be observed. The most casual observer can note this tendency in young graduates. The young mind is in process of development. The judgment required to see things in their true relation to each other comes with experience and years, therefore, it seems to me that to overload the young mind tends to create confusion, and tends to destroy initiative rather than to develop it. We are crowding too much into the regular college course.

Medical Licensure

Several bills have been introduced in Congress to provide for national license. I believe the time has come for physicians to endorse such a measure. It seems petty that a well-qualified physician in New York should not be allowed to practice in Illinois without passing another examination. One examination and license viséd by the United States Government, making license good in any state or dependency or territory, would be provided by a national law. The medical officers of the United States, including the navy, the army, and the Marine Hospital service, are permitted to practice anywhere. Why permit certain physicians to practice and refuse others just as well qualified? The state medical law with its fence thrown around the geographical limits of each state has no legitimate place among scientific men and women. Lawyers qualified in one state can practice in any other state or before any court upon motion by a qualified attorney. Mechanical, civil, mining, and electric engineers technically educated, and men of the highest skill, and handling problems of the greatest importance to humanity, are permitted to practice anywhere their skill can be used. Industrial chemists and sanitary engineers practice where they please. Scientific men in all other

branches of learning refuse to erect artificial barriers in the selfish interest of men and women first in the field. State medical laws are not a credit to the medical profession. Medical pretenders can be eliminated in other ways. If physicians insist on a law of exclusion rather than ability and achievement to secure their fame and business, they will be eschewed by other scientific men and women. Let us take a broad and scientific view of this subject, not the petty viewpoint of self-interest. Many eastern states and one western state—California—have adopted reciprocity, but the national method is best, a national law with one license good in any state.

Membership

Christ said that man cannot serve two masters. Some of the members of our homœopathic societies have allied themselves with old school societies. Can medical men and women be thoroughly loyal to two associations absolutely antagonistic to each other? They are not loyal to two such organizations in any other field of endeavor, but it is possible that medical practitioners are an exception to the universal rule. It is a difficult matter to ride two horses going in opposite directions, but such feats of horsemanship are being attempted by some of our members. To carry water on both shoulders means that some water will be spilled and lost. The job of being all things to all men is a difficult one, and usually ends in disaster for the man who essays it. Loyalty to the American Institute of Homœopathy, absolute loyalty without any old school strings tied to us, is the one essential to place this association of scientific men and women on the high plane where it belongs. I have no quarrel with the old school, but this is the National Society of homœopathic physicians and surgeons. Let us boost our own organization, and be loyal to it and its objects through thick and thin and all the time. I sincerely hope that every member of the American Institute of Homœopathy will see his or her way to give up membership in old school organizations if members, and give us their devoted support and sole allegiance. Do this, fellow members, as believers in and practitioners of the law of similars, and show your faith and loyalty by your work and walk. Then Homœopathy, with the full allegiance of its followers, will come into its own, and find universal acceptance by scientific men and women as the sole guide for the selection of the in-

icated remedy. Any organization with members who give it only half-hearted support has an element of weakness which ultimately will undermine and destroy its usefulness.

Papers and Discussions

Some plan should be adopted whereby a larger number of our members will attend the meetings, contribute papers, and take part in the discussion. The American Institute of Homœopathy belongs to its members, and a more active coöperation of all the members will increase the interest and make us all more loyal homœopathic physicians. In the field of practice, materia medica and therapeutics, a plan to invite a large number of papers, and abstracts supplied to each member of the Institute present when the paper is read, or offered by title, will permit the paper to be more intelligently discussed, will increase interest in the subject presented, and will make the discussion more general and remove it from the present plan, which is more or less perfunctory, and which confines the discussion to those who have received a digest or abstract of the papers. The distribution of digests or abstracts of proposed papers will permit all papers to be discussed by those vitally interested in the subjects presented, will instill more vitality into the discussions, and will bring more mature and thoughtful discussion, and will rescue valuable papers read by title from being side-tracked, and make them available for discussion. As a national body, we desire the best thought of the profession presented in shape so it can be best digested and assimilated. The preparation of abstracts of each paper and the distribution of these before the paper is presented will certainly raise the standards of our discussions, and interest a larger number of our members in the papers and discussions. Snapshot and offhand extemporaneous discussions do not, in the nature of things, bring out the best thought on any subject, but an opportunity to look over the contents of the papers by means of the abstracts will certainly improve matters very materially. An appointed leader of discussion rather discourages further offerings on the paper, but an invitation for all to take part will certainly increase interest and quality.

Elections and Business Policy.

The more democratic the Institute can become in the matter of each member having a voice in the selection of officers,

and in making the policies of the Institute, the more successful the Institute will become.

Our business policy has improved in the last few years. The publication of *THE JOURNAL* in its present form is most excellent. The campaign for new members has been successful. Our financial condition is excellent.

In closing let me urge you as Homœopaths to form and maintain a solid front, and in so doing we shall be able to overcome any and all obstacles that may be placed before us.

BUREAU OF HOMŒOPATHY—ADDRESS OF THE CHAIRMAN*

By Royal S. Copeland, A. M., M. D., New York City

Once a year, at least, the wise merchant takes account of his business. He inventories his stock, computes his indebtedness, estimates his accounts receivable and determines his financial status. If the business has been profitable, he declares a dividend and settles down for another successful year. On the contrary, if he has suffered a net loss, he undertakes a careful analysis of his affairs to see where the leakage has been and what may be the fault of his methods. If the result of this examination demonstrates an utter inability to make both ends meet, he suspends business or goes into the hands of a receiver or into bankruptcy, and seeks another means of livelihood. If he has been unusually successful, he may enlarge his establishment and reach after a more commanding place in the business world. Exactly what course he shall follow, however, depends upon the result of the inventory.

The American Institute of Homœopathy meets once a year. It calls together the heads of all its departments, its local representatives, its trustees and officers, its public advocates, and its private practitioners. The gathering is social in that it is the occasion of renewing old acquaintances and making new friends. It is professional in that it presents new thoughts in medicine and surgery. It is, moreover, the time of stock-taking and plan-making.

The Bureau of Homœopathy, outside the business sessions of the Institute, is the place. I take it, for consideration of all

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those things that make for the prosperity of our school of practice. We may here discuss the scientific reasonableness of our system. We may compare our results with those of other practitioners. We may consider our educational and propagandistic methods. We may hear reports from our institutions, take stock of our possessions, and recommend to the business sessions of the Institute any course of action that in our opinion will make for the advancement of our cause.

Since the future of any enterprise depends upon its possessions, its motives, its capacity for performance, and the intelligent use of its functions, no prophecy can be made of its hope of success without intimate knowledge of all these essentials. Therefore, as the merchant takes account of his affairs, let us consider our status as a school of medicine.

When we view our possessions in the form of real and personal property, they make a formidable showing. In response to my request, Dr. Dewey, Secretary of our efficient Council on Medical Education, reported as follows:

"In our Class I, or Accredited Class, are 57 hospitals and sanatoria, having 15,004 beds, treating during the last fiscal year 73,973 patients, with a mortality rate of 4.7%. These are all under homœopathic management and staff and the records are pure and unchallengeable. Old school mortality rate in general hospitals and sanatoria as above, under exclusive allopathic control and staff, is 13 to 20%. These 57 institutions employ 171 interns and have a property value of above 23 million dollars.

"In our Class II are 33 hospitals which are under homœopathic management and staff but whose records are so faulty that we cannot utilize them at present. These are fine hospitals. Undoubtedly they will qualify for Class I, so we are waiting until they do before reporting on them. These would add about 1,500 beds and represent about 3½ millions of property valuation.

"We have in our Class III, 37 hospitals. These are not under complete homœopathic management or staff. They vary from 2/3 to 1/10 homœopathic, but no separate records are kept. The mortality rate is higher than in our Class I, but not so high as in purely allopathic hospitals; even one homœopath on the staff brings down the general mortality."

These figures are most significant, but since it is more

familiar to me personally, I venture to speak of homœopathy in my own town. In New York City the homœopathic school commands hospital beds as follows:

Metropolitan Hospital, 1,700; Cumberland Street Hospital, 250; Flower Hospital, 225; Laura Franklin Hospital for Children, 100; Hahnemann Hospital, 125; New York Ophthalmic Hospital, 75; Prospect Heights Hospital, 50; Brooklyn Maternity, 50, a total of about 2,600 beds. In short, since there are in New York City 16,000 hospital beds, sixteen per cent of these beds are under homœopathic control. In the ambulance work of this great city, out of 114,000 calls answered in 1914, nearly twelve thousand were made by the ambulance surgeons of homœopathic hospitals.

Boston, Philadelphia, Chicago, Kansas City, Cleveland and every other large city, besides the smaller cities and towns, are doing proportionately the same amount of hospital and dispensary work for suffering humanity.

It is a fair estimate that at least seven millions of American citizens are being cared for by homœopathic practitioners. In the neighborhood, then, of fifteen per cent of the total, our graduates are presiding over the physical destinies of our people.

One cannot disregard the strength, influence and real importance of a body of practitioners, the equal in number of adherents of any one of the leading religious denominations—the Catholics, the Methodists or the Baptists. If homœopathy were as well organized as one of these bodies, it would move forward, irresistible in its progress.

As I have met laymen, versed in the theory and practice of homœopathy, I have been impressed with their enthusiasm for this system and with their almost intolerant attitude towards all other methods of treatment. Such loyalty properly organized would mean much to the advancement of our cause. Why has it never occurred to us to launch a movement for a World's Homœopathic League? Or since all the rest of the world is busy annihilating itself, why do we not consider plans for an American Homœopathic League? Suppose we had a way to bring together the names of our seven million followers and better still, suppose we had a single dollar from each of these seven million believers, think what that would mean for homœopathy! If each of seven homœopathic colleges were en-

dowed with a million dollars, that very act would absolutely insure the perpetuation of homœopathic teaching through all the ages.

Big plans like this almost invariably die "a bornin'" for several reasons. In the first place, they seem chimerical and, while people nod their heads in approval, in their hearts they laugh at them as fanciful. In the next place, there is nobody to give effect to such a scheme. And then, if the thing were begun, its ultimate success would be defeated by the fuss over who should profit by it.

Personally, after twenty years of professional life, I am convinced that the future of organized homœopathy is purely a matter of dollars and cents. For instance, given any college in America, I can predict its future by knowing its balance sheet and its ability to command funds. Give me the money and I can organize a medical college in any city in this country big enough to supply clinical teaching and place it in Class A in five years. There is nothing immodest in such a statement, because the poorest Dean in the world could do the same thing, and I may be the second poorest Dean and probably am! Ask the Deans here to stand up and tell truthfully what is their chief worry; the reply will be a harmonious blending in sound of but one word, metallic, varying from silver to gold, but a perfect symphony, dedicated to a thing, the love of which is described in Holy Writ as the root of all evil.

The love of money may be the root of all evil, but certainly, so far as medical colleges are concerned, the need of money is the root of every possible evil. It is the cause of poor teaching, insufficient equipment, low standards of admission and lower standards of graduation. Without money to purchase brains and to provide facilities, the medical school might as well close its doors at once. It has no excuse to continue its efforts unless there is hope of ample income, an income far in excess of any possible returns from student fees alone.

Were I to find fault with the profession, I should say that the medical faculties have been left entirely too much to their own resources. Every individual practitioner of homœopathy has a direct personal interest in the perpetuity of the colleges. He has exactly the same motive, if there be no higher reason, that the stockholder in a life insurance company has to desire the continued existence of every other life insurance company. Let one or two or a dozen insurance companies fail, and public

confidence in all the rest will be so shaken that the dividends will fade from view. Let the homœopathic colleges go out of business, and every homœopathic graduate will find that his standard has been materially impaired. The public cannot long retain confidence in a system of medicine so lacking in virility as to have no centres of propagation. Should the time come that homœopathic hospitals must depend upon old school colleges for interns, I want to inquire how long it would be before boards of trustees would be passing uncomfortable resolutions, first permitting mixed staffs and, ultimately, providing for bodily transfer to the other school? My friends, we must hold together! We have a common cause!

Various schemes have been launched by and through the American Institute—endowment plans, legacies, life insurance, etc., etc. Most of these are necessarily so remote in their realization that, were they essential to life, every institution would have been long since dead before they materialized. Furthermore, these plans have called for large individual gifts. We have waited for the richest man in the world to give us our millions. Really, it seems to me, we have overlooked the value of the aggregate of wealth. A dollar from each of the patrons of homœopathy is a thing that could be had and, from most of them, it is a thing that could be had every year. The financially successful hospitals are the ones having the largest list of small givers. Exactly the same methods used by these well-organized hospitals could be used on a large scale by the American Institute to provide the necessary money to perpetuate our colleges.

Such a campaign as this would possess virtue beyond its financial returns. It could be made the means of announcing the value of homœopathy as an asset to society. One cannot read a magazine or a newspaper these days without seeing somewhere the statement: "Health is the greatest asset." We believe that homœopathy shortens disease, lessens human suffering, and prolongs life. These facts, if they be facts, should be given to society. It is positively criminal to neglect the promulgation of any knowledge that will materially benefit the human race. Somehow we have not touched the right key. The Christian Scientists have us "beaten to a frazzle," as Theodore Roosevelt would say. They have an organization, means of publicity, and popular success in this movement that

must command our respect, regardless of what we think about their doctrines. Some day the homœopathic profession will appoint a high commission to sit down in solemn conclave to determine, first, the means of preserving its organization, and, second, the best way of increasing the knowledge and popularity of this system of treatment. When these Lord High Commissioners are selected, they won't be chosen exclusively from the medical profession; wise business men, astute advisers from other professions, able club women—all these will be invited to participate.

In my humble opinion, homœopathy needs such a conference. It needs it because in the press of things in this busy world, its importance to humanity has been too much overlooked. Such a gathering would call attention to what homœopathy has done for society and to what it is still capable of doing. And what are some of these things?

I was much impressed the other day by reading a statement made by Dean Ward. It was this: "In sixty strictly speaking homœopathic hospitals throughout the United States, there were treated 60,000 patients during 1914, with an average mortality of 4.9 per cent." Then he added this significant sentence: "*No other system of practice has ever made or can make such a showing.*" Certainly, this is a time when every homœopathist has reason to hold up his head in just pride of his faith. From every department of science, from the worker with the microscope, from the student of the test-tube, from the bacteriologist, the chemist and the sanitarian, from the biologist and the physicist—no matter what may be the field, from every laboratory comes the same encouraging testimony. The old-time professional ostracism has passed away. The writers of books, whether they be for scientific perusal or for reference by the laity, make friendly allusion to homœopathy. The American College of Surgeons, the American Medical Jurisprudence Society, the law courts, governmental administrative offices, civil service boards, medical commissions everywhere, receive the homœopathic graduate on equal terms with other doctors. The pioneer work is well finished; we are now at our ease and, almost for the first time in a hundred years, have leisure for self-examination. Let us go about this task, determined that homœopathy has the virility to endure prosperity, and to rise above the enervating influence of peace

and fraternity. The call to service is louder now than ever before. Let us prepare ourselves for a better answer to that call and to do our part to perpetuate the honors of homœopathy, so bravely won by our fathers in the faith!

58 Central Park West.

CLINICAL RESEARCH*

By James Krauss, M. D., Boston

With this first session of clinical research held in connection with any old national medical organization, the Bureau of Clinical Research of the American Institute of Homœopathy is to enter upon a full and fair consideration of clinical research from all possible angles and points of view. Every member of the Institute will have the opportunity to express his beliefs and to demonstrate his work in clinical research under the auspices of this Bureau of the Institute. The objective correlating work of a Morgagni, a Bichat, a Rokitsansky and a Virchow in pathology, and of a Hippocrates and a Hahnemann in therapeutics, is not to be discontinued for lack of opportunity within the Institute.

Clinical research, in its present comprehensive scientific aspect, dates from November 1, 1906, with the conjoined clinical test proposed to the Boston Homœopathic Medical Society, and published, in abbreviated form, in the *New England Medical Gazette*, in March, 1907, on page 63. The term, *clinical research*, had been in the air, but the idea of clinical research had not yet been worked out. In 1904, the Institute had been asked to "establish what may be called a normal practice of homœopathy." In 1905 an attempt was made to "reform" clinical research by exemplifying the therapeutics of low potency, of high potency, and of expectancy. In 1907 the difficulties of "a generally acceptable method of clinical research for purely therapeutic purposes" were considered so great that further attempt was abandoned. In these circumstances, Doctor Frank Kraft, then secretary of the Institute, requested me, under date of April 30, 1908, to take into consideration and to present before the Institute at Kansas City a feasible method "to establish a successful Society for Clinical Research." In

*Chairman's address for the Bureau of Clinical Research. A. I. H., 1915.

consequence I presented on June 26, 1908, *The Basic Conditions of a National Association for Clinical Research*, with the conjoined clinical test as the conclusive method. In 1909 the report made by me before the Institute at Detroit developed the inevitable conclusions that "scientific clinical research must, first of all, carry necessary conviction"; that both the object and the method of true clinical research, namely, the conclusive determination of clinical facts, theories, methods, conclusions and classifications, "require the harmonious co-operation of the opposing factions of medicine"; that, therefore, the National Association for Clinical Research should not "be made an official part of the American Institute of Homœopathy, either in the nature of a section or a bureau, or of any other existing national medical association, because this would naturally limit the work of clinical research to members of the Institute or other medical association."

The fact of our meeting here today as a Bureau of the Institute must not be taken to mean that I have changed my opinion as to the justice of my report of 1909. My resolution in Denver, on July 9, 1913, proposed for the formation of this Bureau of Clinical Research, was to energize for our Institute the variant elements that were not entering into the work of the American Association of Clinical Research, an association founded on October 27, 1909, as the first organized effort to establish clinical research on an incontrovertible scientific basis. It is my hope that this Bureau may bring into our midst that scientific enthusiasm and concord in our struggles for medical truth that I feel is necessary for the attainment of success in the most far-reaching undertaking before the medical profession, namely: the attempt to establish scientifically and universally the actual principles and methods of medicine, the object of the American Association of Clinical Research and necessarily the object of any gathering of men devoting their energies to clinical research.

In connection with the American Association of Clinical Research and the establishment of clinical research on a truly scientific basis, there are two other organizations which must be mentioned, but only two. The London Medical Society of Observation, founded some time about 1852 by Doctors Walshe, Jenner, Parkes, Beck, Hare and Sieveking, "to promote the advancement of accurate pathology and therapeutics,

by clinical and allied investigations, the value of which shall be estimated by the numerical method; and to exhibit the special advantages which may accrue to the science of medicine, by the co-operation of several persons working on a uniform plan towards the elucidation of given medical questions," has long ago ceased to exist without leaving behind any collective investigation which would deserve to go under the name of clinical research. The numerical or statistical method proffered by Louis has not been able to overcome the danger of fallacies attendant on drawing conclusions from more or less isolated particular cases. To carry necessary conviction, every step in the process of clinical research must be verified at the time the step is made. One case worked up on this basis of immediate, step-by-step verification is worth a thousand cases estimated by the numerical or statistical method. The other organization we must mention is the American Society for the Advancement of Clinical Investigation, founded May 10, 1909, the objects of which are "the cultivation of clinical research by the methods of the natural sciences; the unification of science and practice of medicine; the encouragement of scientific investigation by the practitioner and the diffusion of a scientific spirit among its members," objects intended to make expert investigators and teachers rather than to produce the incontrovertible truths of medicine which can be the only legitimate object of clinical research in general and is the single object of the American Association of Clinical Research in particular.

This fundamental object of clinical research, the object to establish conclusively the truths of medicine for universal recognition and scientific practice, undeniably the only legitimate object for which clinical research may exist and which makes clinical research a pursuit logically and essentially different from the pursuit of ordinary clinical medicine, makes the American Association of Clinical Research the first and, up to this time, the only organized effort to establish clinical research on an incontrovertible scientific basis. Clinical research hospitals and institutions have since been called into existence and the idea of clinical research has taken more and more definite shape all over the medical world. The Rockefeller Institute for Medical Research, originally devoted to experimental investigations on animals in line with the Pasteur Institute in Paris, the Lister Institute in London, the Berlin, Vienna and Frankfurt Experimental Institutes, the Imperial Institute at

St. Petersburg and the Institute for Infectious Diseases at Tokio, opened in the fall of 1910 a hospital with seventy beds for the experimental study and treatment of selected classes of human patients. The Michael Reese Hospital in Chicago has followed suit or is to, in the near future. The Evans Foundation for Clinical Research and Preventive Medicine was opened in 1912 as a department of the Massachusetts Homœopathic Hospital. The Constantine Hering Laboratory for Research made its appearance in Philadelphia. Research laboratories have been opened by Departments of Health, as in New York. Only rarely do we now hear of a hospital or a medical teaching institution which does not refer to its facilities for clinical research. But it must be said, candidly and emphatically, that these so-called research hospitals are no research hospitals. They repeat, in their limited or unlimited way, the methods and with them the inevitable mistakes of ordinary hospitals not devoted to clinical research.

Why should men and institutions persist in factitious experimentations and call such experimentations clinical research? To make injections of magnesium salts in order to observe the narcotizing effects on nerve fibres, as Meltzer and Auer have done in the Rockefeller Institute, may be interesting, but who will say it is clinical research? To study the effects of purgatives on the kidneys of different animals, as Pfaff has done in connection with the Harvard Medical School, to prove that purgatives cause renal irritation, is so illogical that no one who for a moment would consider only this one point, that purgatives purge and that if they cause renal irritation, they cause renal irritation not as purgatives, but as renal irritants, could call such work clinical research work. Tyrode of Harvard examines the pharmacologic effects of camphoric acid, then verifies his results obtained by animal experimentation by clinical tests. One cannot do research work without logic. Klose, of the Frankfurt Institute for topographic and experimental surgery and allied research, emphasizes, in the *Beiträge zur Klinischen Chirurgie*, Vol. LXIV, No. 3, the necessity that the conditions in experimental surgery must be identical in every respect with those of clinical surgery, as otherwise the deductions drawn for man are misleading. If this applies to the microscopic, demonstrable lesions of mechanical surgery, how much more does it apply to the

microscopic and often entirely invisible and impalpable conditions of semiotic medicine! How can we make animal conditions identical with human conditions? It is because of the impossibility to produce the necessary identity between conditions animal and human, that Miller, in the *Journal of the American Medical Association*, September 21, 1912, and all experimenters like him, call for control cases; that Hewlett, in the same journal, November 1, 1913, calls for a restudy of animal experiments in the clinical subject. *The task of scientific clinical research is to obtain identical conditions* before making deductions for man or, for that matter, also for beast. Fixable conditions may be fixed. How are we to fix the unfixable conditions of the clinic? There is only one way to fix them for present and future identity. We must fix them at the moment of their appearance and follow them to the end. This cannot be done by the statistical or numerical method. It cannot be done by animal experimentation and subsequent control experiments. It cannot be done by a study of clinical problems in animals and a restudy of the same problems in the clinical subject. It cannot be done even by the current methods of the clinic applied directly by the individual clinician to the human subject. It can be done accurately and convincingly only by the conjoined clinical method applied by two observers at the same time, in the same place, on the same subject.

The first case subjected to this method was presented by Doctor F. C. Askenstedt for the Baltimore session of the American Association of Clinical Research and was published in *The Medical Times*, March, 1915, page 101.

It is not my intention to repeat here what I have so often before said on the conjoined method of clinical research. Those who wish further information will find it among the thirty-four references appended to this paper. The failures of the efforts at clinical research all about us must be attributed to the fact that most men purporting to be engaged in clinical research are not engaged in research, but in search, in investigations bent on discoveries, as though discovery could be forced, in crude investigations of momentarily attractive, apparently novel hypotheses, as though hypotheses were necessary parts of cogent investigations. It is the old, old complaint, so forcefully uttered even in the distant past by Hip-

pocrates, in his *περὶ ἀρχαίης ἰητρικῆς*, chapter 2, Littré Edition, Vol. I, page 572, that medical men will not take the history of medicine as their basis for further medical investigations and thus stumble into pitfalls which they would otherwise avoid.

Nevertheless, by this time, if we have not learned what clinical research is, we ought to have learned, at least, what clinical research is not. We ought to have learned by this time that a lecture hall is not clinical research; that a hospital building or a laboratory is not clinical research; that lectures on hygiene or medicine, personal or social or sexual, for man or woman, for old or young, are not clinical research; that a rush to newspapers with purported discoveries is not clinical research; that a report of a discovery with suppression of discussion is not clinical research; that the appointment of a committee to report on a purported discovery and their failure to report are not clinical research; that pharmacal experiments *extra corpus* purporting to be based on one hypothesis but actually shifting ground over five different hypotheses, are not clinical research; that "to seek for improved methods for the prevention of disease and for its cure" before the actual methods in vogue are ascertained and discredited is not clinical research; that clinical research less comprehensive than the actual practice of medicine is not clinical research; that clinical research less conclusive than the science of medicine is not clinical research; that clinical research less than a re-investigation and analysis of pathologic and therapeutic data already more or less fixed in order to deduce from them and fix for all time the principles underlying the facts is not clinical research.

We ought to know that clinical research must consist of conclusive and comprehensive methods of investigation and experimentation; that investigations worthy to be classed with clinical research, whether these investigations be clinical or laboratory investigations, must have no assumptions or hypotheses to prove or to disprove, must have the conditions to be investigated fixed in their natural relation to avoid all questions, legitimate and illegitimate, as to existence and interpretation; that investigations worthy to be classed with clinical research must not anticipate, but must follow the concrete, fixed phenomena of medicine into whatever field or fields of

the abstract the observation and the analysis of the phenomena may lead us with the logic of traduction and induction; that experimentations worthy to be classed with clinical research must be conditioned not by fatuous assumptions but by the proved principles of pathology and therapeutics, the laws and methods obtained through analysis of the unquestionable data of the current practices of medicine, on the one hand, and, on the other hand, by the phenomena or facts presenting themselves under those laws of pathology and those methods of therapeutics which are serving as the principles or points of departure of experimentation; that experimentations worthy to be classed with clinical research must begin with the laws of pathology and the methods of therapeutics, the constant and experimental relations of facts necessarily obtained by the conjoined analysis of the current practices of medicine, laws and methods inherent in data of medical experience, and must apply concrete facts of pathology with the logic of traduction and deduction.

The program for this Bureau is laid out on these lines, under the head of *Investigations* which require no hypotheses, under the head of *Pathologic Researches* with or without hypotheses, under the head of *Therapeutic Researches* with distinct hypotheses and experimental conditions, and, finally, under the head of *Results*.

419 Boylston St., June 1, 1915.

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THE TEACHINGS OF THE SCIENCES IN MEDICAL COLLEGES*

By J. C. Blake, B. S., Ph. D., Professor of Chemistry,
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Medicine aspires to be an applied science. The subtler phases of physics do not enter extensively into the needs of the ordinary practitioner, but chemistry and biology furnish the foundation plans whereby he ministers. It would seem that a year's work of college grade in physics is all that should be required of the medical student. This amount of physics is now almost universally placed with general chemistry and general biology in the work required preliminary to the study of medicine.

Aside from general chemistry, there are two other subdivisions of chemistry which, though not properly part of the study of medicine, necessarily precede it. These are organic chemistry and analytical chemistry. In nearly all cases, all the systematic qualitative analysis taught to medical students accompanies the work in general chemistry and, hence, is an entrance requirement. This seems to be a satisfactory arrangement, which will be referred to again; but since some colleges teach general chemistry the first year without any systematic qualitative analysis, it would seem that some reference to qualitative analysis should be made in the entrance requirements.

On the other hand, it seems impractical to make organic chemistry and quantitative analysis entrance requirements at the present time. In support of this view there are at least three good reasons. In the first place too many students would enter medical colleges of low grade if the standard of the best colleges is raised too high. In the second place the practice of matriculating students on certificate, both in medical colleges and in colleges of other kinds, is over-worked almost to the verge of absurdity. Colleges are getting somewhat used to the high school graduate who can hardly write his name and who cannot solve the simplest problems in fractions or proportion; but isn't it bad enough to try to teach organic chemistry and quantitative analysis to students who, properly certified in general chemistry of college grade, yet scarcely know the names of a dozen elements, and know the valence of none, without trying to push

*Address before the College Alliance, February, 1915.

the matter up another year? Finally, the general treatment of the subjects of organic chemistry and quantitative analysis includes much that medical students should not have to learn and omits much that they should know. The quantitative analysis used in medicine is almost wholly volumetric, whereas in the quantitative analysis usually taught in ordinary colleges gravimetric methods predominate. So also in the first year's work in organic chemistry, the general student spends far too much time considering the hydrocarbons and the dyestuffs to suit the needs of the medical student, and spends so little time in considering the chemistry of the fats, the carbohydrates, the proteins, the amino-acids and acid amides, uric acid and the xanthin bases that this pure organic chemistry at the present time usurps a large portion of the time devoted to physiological chemistry later on. Analytical and organic chemistry can be taught as well with materials useful in medicine as with any others, thus relieving such courses as physiological chemistry and urinalysis of the elementary character which they still retain in many medical schools. I do not, however, wish to imply that the organic chemistry taught to medical students should be less than one full year's work of college grade, or the methods of analysis less than a half year's work.

We come now to a consideration of two chemical subjects properly pertaining to the study of medicine, physiological chemistry and medical pharmacy. Physiological chemistry as taught to undergraduates is the beginning work on the chemistry of animal organisms, especially the human organism, under normal conditions; medical pharmacy is the beginning work, from the physician's standpoint, on the medicaments to be administered to the organism in disease. The beginning course in physiological chemistry as at present taught in medical schools assumes one of three aspects: it either meddles largely with the chemistry of substances which should have been adequately studied in the course in organic chemistry, as pointed out above; or, like the so-called "chemical toxicology," it gives a number of chemical tests for substances, always ending with some tests on urine, as though it were a branch of analytical chemistry; or finally, in rare cases, it attempts to do that which I have previously defined as its proper function—to inaugurate the study of the chemistry of the normal organism. Its place and importance in the curriculum, not only with regard to other

chemical subjects, but especially with regard to its relationship to physiology, must be determined by the kind of physiological chemistry taught. As I shall deal seriously only with the kind last described, this course must follow a good course in organic and in analytical chemistry, and must, therefore, come in the second year of the medical curriculum. The intensive study of physiology, supported by the work in general biology of the preliminary year, should begin, in its physical aspects, during the first year of the medical course. The physiology of nutrition should not be taken up before the last half of the second year, in order that the work in physiological chemistry may be well advanced. It seems as though the full flower of physiology, involving a mastery of physical, chemical and physico-chemical forces and the skill of the surgeon, laying the firm foundation on which all pathology and therapeutics must eventually be based, cannot properly be studied in a medical school except in graduate courses, since the last two years of the undergraduate course are almost monopolized by professional subjects and clinics. To offer such advanced courses as options to undergraduate medical students, already struggling under a schedule double that of other collegiate students, is an affront to intelligence as well as a travesty on research.

Urinalysis and toxicology are parts of pathological chemistry, the ill-favored sister of physiological chemistry, which two together make up bio-chemistry. Urinalysis should follow volumetric analysis and accompany physiological chemistry, but not as a part of the latter, because urinalysis is wholly professional and not scientific in so far as the ordinary practitioner is concerned. Its scientific aspects, discussed somewhat in physiological chemistry, should be further provided for in graduate work. Diagnosis based on urinalysis should be given in one of the last two years.

Toxicology, taught as a part of pathology and the practice of medicine, instead of as a side show in chemical analysis, should not be given before the second year on account of its professional aspects. The qualitative analysis taught in connection with general chemistry is ample if, when reviewed and extended in the study of medical toxicology, it enables the physician who finally emerges from the college properly to administer to the poisoned. The purely scientific aspects of toxicology as a part of pathological chemistry, as well as the training of experts in

medico-legal cases, must be taken up in graduate courses, or picked up in the trade by hard knocks.

The study of medical pharmacy, including medical terminology and the form of prescriptions, should begin in the first year of the modern first-class medical college, after or accompanying the courses in volumetric analysis and organic chemistry. The reasons for this location in the curriculum are twofold and rather imperative. In the first place, general chemistry as at present taught, especially in ordinary colleges preliminary to the work in medicine, omits almost all reference to the medical uses and the medical names of substances. In the second place the study of pharmacology should be begun in the second year, in order to lay a foundation for pharmacodynamics and therapeutics in the third and fourth years. Prescription writing, as distinguished from the form of prescriptions, should accompany pharmacology, therapeutics and the practice of medicine.

In the study of anatomy, which properly begins in the first year, as much of the detailed anatomy of the organs and tracts should be taught as the beginning work in physiology and physiological chemistry prerequisite.

The study of pathology should follow work in anatomy and physiology, finally merging with histology and bacteriology as a professional course. What other previous courses in bacteriology and histology should be given must be worked out by biologists in the light of experience with the accomplishments of students who have passed the work of the preliminary year in general biology.

The professional aspects of sanitary science and preventive medicine must be taught, preferably in the senior year and by the department of bacteriology. Pursuit of the scientific aspects of the same subjects, necessarily reserved for graduate work, would necessitate the systematic co-operation of all the scientific departments. Scientific work in that other part of medicine, the *art of healing the afflicted*, should also be provided for by graduate work, involving the systematic co-operation of all the scientific departments with those of pharmacology and therapeutics. The graduate work referred to in this paper, the only kind of graduate work worthy the name research, is that for which some medical colleges are now offering the degree of doctor of philosophy. In this connection it should be mentioned

that opportunity should also be offered for research work in medicine *along lines which cannot be definitely fastened to any of the three fundamental concrete sciences*. Unless the medical colleges provide for active scientific research work medicine will fail to meet the expectations of mankind. I believe that the only obstacle to the immediate multiplication of work along this line is one of finances: finances for laboratories and libraries, for students and instructors. The men and the aspirations already exist.

CLINICAL DIFFERENTIAL DIAGNOSIS OF CARCINOMA OF THE UTERUS*

By W. A. Humphrey, M. D., F. A. C. S., Columbus, O.

Ultimately the diagnosis of carcinoma is settled by the microscope. The train of symptoms leading up to the use of the microscope, however, are all important ones both to the patient from the standpoint of danger or safety to herself and to the physician in making up his opinion as to what the prognosis will be.

The frequency of carcinoma of the uterus is such that the physician should always have it in mind. It constitutes one-third of all the carcinomata, hence its great frequency and great importance. The question of age, while quite important, is not so much so as some other conditions. The time of greatest frequency is about the menopause, either before or soon after that period. The extreme limitations of age during which it may occur are from twenty to seventy years.

The history of childbearing is all important; because carcinoma without a history of traumatism either from labor or some instrumentation in nulliparae is so universal as to be axiomatic. No traumatism, no carcinoma, is almost always true.

The first symptom to direct the patient's attention is a slight streak of blood in the vaginal discharge after some unusual exertion. The history of spotting of the discharge calls for an examination that the cause may be determined. With this sign present in a woman who has been regular in her menstrual cycle, or present in one in whom the menopause

*Surgical and Gynecological Society. A. I. H., June, 1915.

is complete, is sufficient cause to arouse suspicion in the mind of the alert physician.

If there has been a leucorrhea, a change in character will be noted at or before the history of "spotting the clothing" has taken place.

These slight symptoms coupled with a history of traumatism of the cervix or body of the uterus from childbirth or instrumentation in the nulliparous constitute a large part of the early history of every case and are the ones which aid in directing the physician toward a conclusion at a time in the patient's history when such a conclusion is of the utmost value in saving her life. Coupled with this, we have induration, ulcer, or erosion of the cervix. If it be in the fundus, we have only the spotting of the clothing to aid us in seeking for the causative factor. The microscope remains the determining agent, but we cannot get permission to curette every woman or to excise and examine a piece of tissue just because she might have cancer. We must adopt some practical method of determining certainly whether malignant infiltration be present.

Pain is not diagnostic of carcinoma. It appears so late in the disease that all other cardinal symptoms have preceded it, consequently it is only confirmatory; so also it is with ichorous discharge; while it is diagnostic, it comes at a time at which the patient's life is already in serious jeopardy, so much so that it is of no value to the patient. So it is with all the cardinal clinical symptoms of carcinoma with the exception of discharge and the spotting from early bleeding. By the discharge we mean the very early watery leucorrhea which generally exists over a long period before the spotting takes place and which undergoes a change about this time. This change is one of increase and not one of character or characteristic odor, which comes later.

At the time in which we can hope to arrive at a rational opinion for the patient's benefit, we must depend clinically upon the differential diagnosis of three conditions, any or all of which may be present, viz.: Induration, ulcer or erosion, discharge.

Induration of the cervix may be due to cystic disease, scar tissue from laceration, or to a fibroid or a malignant disease.

In cystic disease of the cervix, puncture of the nodule will

disclose a glairy discharge which can be easily expressed and the induration will largely disappear. If, however, much induration remain, microscopical examination is imperative. Multiple cystic degeneration of the cervix is a prominent precancerous condition and should be thoroughly considered in every instance.

Scar tissue from laceration is limited to the site of injury. Should it show any tendency to extend, it should be looked upon with grave suspicion. Fibromyoma of the cervix rarely occurs alone. It is highly probable that similar growths can be discovered by careful examination in other parts of the uterus. Ulcer or erosion may be due to an irritating discharge, a pessary or other irritant, to eversion of mucous membrane by laceration, to tuberculosis, syphilis, chancroid or cancer. The laceration should be repaired and the excised tissue examined. The repaired cervix will take on a healthy appearance if there be no malignancy.

Tubercular ulceration of the cervix is very rare and can be diagnosed by the microscope from the scrapings. In syphilitic ulceration there are usually other lesions which make the diagnosis clear; besides, syphilitic lesions of the cervix usually yield to treatment in a short while. Chancroidal ulcers are not usually mistaken for cancer. They also yield quite readily to treatment.

Heitzman brought out the following method of clinical differential diagnosis. "Soak a pledget of cotton in a 10% solution of copper sulphate and apply it for a minute or two to the suspicious surface. If the lesion is a simple erosion, a bluish white coating will form without hemorrhage. By repeating the process every three or four days the erosion will soon heal. If it be an ectropion, it will be blanched by the application. If the lesion is cancerous the copper application will cause bleeding. A few days later another application is made, and if bleeding is more free, the diagnosis of incipient carcinoma is almost certainly correct." In other words, in all ulcerations that are not malignant, the bleeding is checked by a few applications. If even a small point persist in bleeding after the rest is healed, malignancy is indicated and microscopical examination is called for. In making a differential diagnosis from the discharge, we should bear in mind at all times that malignant disease is always chronic, hence we can at once eliminate all

acute diseases causing discharge. Chronic endocervicitis, septic, gonorrheal and glandular; chronic endometritis, simple, septic, gonorrheal and tubercular; polypi and fibromyomata should be differentiated.

Every case of uterine disease presenting induration, ulceration or discharge should be treated vigorously with douches, tincture of iodine, etc., which should improve them materially in a short while. Should such vigorous methods not improve them, more positive methods are required for their diagnosis. Chronic endometritis without pus is usually due to poor blood, malposition, stenosis, subinvolution or tumor. Build up the blood, correct the malposition, overcome the stenosis by surgical means; treat the subinvolution by curettage and if there is any question have the scrapings put under the microscope. If the trouble is only inflammatory, there should be marked improvement.

Fibromata are usually multiple; or, where there is only one of large size, its long existence helps to disprove its malignancy, primarily at least. Fibromata frequently cause hypertrophic endometritis which may give rise to discharge and hemorrhage. A malignant growth starting deep in the uterine wall soon spreads to the endometrium with discharge. The scrapings will reveal its character before it attains any great size and while it is still operable.

In carcinoma of the body of the uterus the microscope is even more important than in the cervix because of the obscurity of the condition. When a patient near the menopause comes complaining of irregular menstruation or irregular bloody discharge, and examination shows no trouble with the cervix, no uterine fibroid and no perimetrial disease, it is reasonable to suppose that the bleeding is from chronic endometritis or the beginning of malignant disease of the endometrium. Curettage will cure the former, but has little or no influence upon the latter.

Chorio-epithelioma has for its distinctive diagnostic features persistent bleeding following a recent confinement, miscarriage or the passage of a hydatiform mole and rapid early metastases through the blood vessels to distant organs or tissues.

TUMORS OF THE COLON*

By B. A. McBurney, M. D., F. A. C. S., Chicago

Reasons for reporting these cases are:

1. Three atypical cases of cancer of the colon.
2. Failure to recognize such cases early.
3. Early symptoms usually found.
4. Main diagnostic points emphasized.
5. New methods of early diagnosis.

Early diagnosis of cancer of the colon is unusual, chiefly because the patient does not consult the physician early. Also early symptoms are not well defined and are many times too few to call attention to them. Excluding the rectum, ninety-five per cent of cancers of the intestine occur in the colon and they are very seldom secondary. Like cancer elsewhere, it is found in the intestine most frequently between the ages of thirty and fifty. Proportion of male to female 3 to 1. It may extend by continuity, blood stream and lymphatics.

Location: The most common location is the lower end of the descending colon; next the cecum, close to the ileo-cecal valve; then the ascending; transverse; the two flexures and descending colon. The tumor may take on the cauliflower variety, projecting and developing into the lumen of the bowel; or the annular variety, forming a band or stricture around the bowel, gradually constricting it until complete obstruction occurs.

Symptoms: When a patient comes to you with a history of previous good health up to a certain time, and then begins to have an alternating constipation and diarrhea, with or without abdominal pain, or begins to have more or less continuous abdominal pain without any reason that you can discover; or there is colicky pain accompanied by gurgling of gas, usually at the same spot; or the patient may only complain of indigestion, nausea and tympanites, or ineffectual urging to stool. It becomes necessary to constantly increase the amount of cathartics taken; there is usually loss of weight and strength; may, however, give history of increase in weight. These symptoms, any one of which you are unable to find a good reason for, should call for a thorough examination of that patient. And by examination I do not mean only what you can see, hear, feel,

*Surgical and Gynecological Society, A. I. H., June, 1915.

etc., because by the time you can palpate a cancer of the colon it is usually too late to do much for that case. But rather have a urine analysis, a complete blood analysis, a series of stool analyses (the diet being meat free for several days before), a Wassermann, an Abderhalden blood analysis for carcinomatosis, and last but not least, diagnosis as to location by means of the bismuth meal and x-ray.

Many times, however, we find there is no history of prolonged pain, alternating diarrhea and constipation, indigestion, nausea, loss of weight, etc., but the first symptoms to present themselves being those of obstruction.

As to differentiation. We should all make a diagnosis in every case, not necessarily to tell the patient, but for our own satisfaction. Even though we do not hit the nail on the head every time, it serves to make us more alert and to differentiate more closely.

Prognosis: This is hard to estimate, as the period may be from six months to six years. Cancer of the rectum is the most rapidly fatal. However, generally speaking, the lower down the cancer, the longer they live.

Before considering an operation, one should always make a rectal examination to see if there is any new growth in the pelvis as the result of a dropping down of the cells exfoliated from the primary growth and becoming transplanted at this point. Frankl of Vienna makes a strong point of this in cancer of the stomach and transverse colon.

The treatment is surgical, of course; the radical operation should be done, i. e., resection of the affected part of gut together with all glands and gland-bearing fat in the immediate neighborhood.

One must examine the liver carefully before attempting a radical operation of this sort, as this organ is often found affected and is a positive contra-indication to operation.

Case 1. (Referred by Dr. C. A. Weirick, Chicago.) Woman, age sixty-five, retired school-teacher, has always been healthy and well. Had not known a sick day in years until one week before I saw her, at which time she gave a classical history of an acute attack of appendicitis, from which she made an apparently complete recovery in four or five days. One week later, this second attack developed suddenly, with severe colicky pains across the lower abdomen and radiating from the umbilicus. The next

morning the pain was localized in the right iliac fossa with extreme tenderness and rigidity of right rectus muscle, tongue dirty, dry and cracked, breath foul, there had been vomiting for twelve hours, with no bowel movement the last twenty-four hours, pulse one hundred twenty, temperature one hundred two.

The patient was taken to the Garfield Park Hospital and operated the same night. The appendix was one inch long and about the size of a finger cot, the cecum and ascending colon felt almost solid, ileum thickened for a distance of an inch from the ileo-cecal valve. There were quite a number of enlarged mesenteric glands.

The case was clearly one of cancer or tuberculosis, and in either event it was operative, as the lumen of the bowel was almost entirely closed and the appendix was undergoing acute ulcerative process. The patient could not get well as she was, and the chances were that she would not live but a few days without operation.

The radical operation was done. About three inches of the ileum, the ileo-cecal valve, cecum, appendix, ascending colon, and three inches of the transverse colon were removed and a lateral anastomosis made, and wound closed with drain. The patient went home the twenty-first day feeling fine, the wound healed except for a small fistula at the lower angle. This was closed entirely in another week. She is perfectly well now, ten months later. Diagnosis of carcinoma made from section by Dr. Henry W. Wilson, Pathologist for Hahnemann Medical College of Chicago.

Case 2. Mr. W—, age 42, occupation, salesman. (Referred by Dr. W. L. Ruggles, Oak Park, Ill.)

Family history negative as to tuberculosis, syphilis, or cancer.

Past history negative as to tuberculosis or syphilis. Has always been well. No venereal history.

Present complaint—Last few days patient has complained of dull aching pain in right iliac fossa. Slight loss of weight and strength. No history of blood in stool—urine analysis. negative, no history of jaundice. Examination reveals man in fairly good weight (148 lb.), skin and mucous membranes good color. No icterus of conjunctiva, no enlarged glands any place palpable, no ascites, no rigidity of right rectus. Careful examination revealed a small, hard tumor in region of cecum. Patient was

operated and an annular carcinoma found and removed. He died the fifth day from what seemed to be an intestinal paresis, as we were unable to get the bowels to act.

And so I could recall a number of cases of cancer of the colon, as could many of you, but what we want is to get some early definite symptoms well established in our minds so that we will not overlook them.

Case 3. Mr. B—, age 62. Previous history, uneventful. No history of tuberculosis, syphilis or malignancy in the family. Had always been well and strong up to November, 1912, when he developed bleeding hemorrhoids. His wife being a Scientist, treated him until September, 1913, when they called me to operate upon the hemorrhoids. Further examination disclosed hemorrhoids and a tumor the size of a lemon in the left iliac fossa. This, I explained to them, was the cause of the hemorrhoids and was probably cancerous. As he was unable to sit or walk and had incontinence of feces, they begged me to operate the hemorrhoids, which I did with complete relief from pain and regain of control of the sphincters.

The growth, however, was too extensive to advise surgical measures. He died November, 1913, never having had any of the classical symptoms of cancer of the colon, except continued loss of flesh and strength, together with the hemorrhoids, which were the only symptoms he complained of. These, however, were enough if he had come when he first noticed them, as every case of hemorrhoids means obstruction to return circulation and should call for a thorough examination to find the cause.

Conclusions: The layman must be taught and the general practitioner recognize:

- 1st. That cancer is apparently on the increase.
- 2nd. That cancer is slow, steady, progressive, painless until it has reached the place where it is extremely dangerous to life.
- 3rd. That if one is to be cured of this most dreaded of all diseases, one must get at it early.
- 4th. Frequent and thorough examinations of all unusual symptoms, employing every known method to make a positive diagnosis.

Just as the old clay pipe may cause cancer of the lip, gall stones cancer of the gall bladder, or scar tissue cancer of the

cervix, so continued irritation may cause cancer of the colon.

Hence, let us look after the irritation caused by rectal pock-ets and papillae, and that caused by chronic constipation, especially among the children. If we correct these things, cancer of the colon will be decreased very materially.

WHEN IS CANCER CURABLE?*

By Scott Parsons, M. D., F. A. C. S., St. Louis

In presenting this paper, I offer you nothing new or novel. It embodies no new treatment; no new cure; no new technic. My aim is to attempt to explain, in a measure, why some cases of carcinoma get well and others die, when practically they are identical. Same location; apparently same type of growth; same clinical aspects, yet parting at the ways when interference, be it mechanical, medicinal or chemical, is introduced in an attempt to correct or assist *vis medicatrix naturae*. You will find many opportunities for correction and not a few omissions; these, however, I hope you will make plain in your discussion.

There has been so much discussion as to the curability of cancer, and opinions diversified as to the mode of treatment, and positive statements as to cures, that it seems to me a few remarks on this important subject are apropos.

As I have thought the subject over it appears obvious to me that there are several factors which make for success or failure in the end result concerning the treatment of this mysterious disease.

Without attempting to enter into the etiology and pathology in only a superficial way, the theories of which are well known to you all, the latter of which none of us know much about, I will enter directly to those points in which I am most concerned and which form the basis for this paper.

Five essential factors appear to me to play the all-important role in the cured cases of carcinoma. They are:

1. The type of growth.
2. Resistance and susceptibility of the patient.
3. Age of the patient.
4. Period in which treatment is begun.
5. Method of treatment and technic.

*Read before the Surgical and Gynecological Society, Chicago, June, 1915.

In order to simplify the pathology, the classifications being numerous, yet not varying greatly, carcinoma may be one of three great varieties, viz: squamous celled; cylindrical celled; and glandular; the epithelium playing a role in each.

The squamous-celled carcinoma appears on any surface covered with stratified epithelium and may arise as a wart-like growth, ulcer or fissure. They are called basal-celled cancers and are found on the lips, skin of face, mouth, nose, ear, vulva, etc.

Squamous-celled carcinoma may pursue a chronic course and is considered less malignant than the other varieties—explained by some as due to its thick stroma enveloping it; also to its anatomical location and the age of its victim.

The cylindrical-celled carcinoma resembles the squamous in so far as location is concerned, but differs in the shape of its cells, being arranged in cylinders or columns and in some instances taking on a spindle formation.

Compared with the squamous variety, it is much more malignant—explained by some pathologists as being due to its thin stroma of connecting tissue allowing the cell growth to break through, leading to metastases.

Glandular carcinoma arises in the epithelium of secreting glands, being known as scirrhus, if the stroma is dense and hard—encephaloid or medullary if soft.

The breast, prostate, thyroid, submaxillary, kidneys, etc., are its usual locations.

Glandular carcinoma is usually very malignant, spreads rapidly, breaking through the stroma of connective tissue, being taken up by the lymphatics, forming secondary growths. Regional infection takes place early and the detritus finally carried to the blood stream hastens death in general carcinosis.

Now, with this superficial description of the varieties, taken in a general way, we understand that the squamous, or basal-celled cancer is the least malignant, either due to its base membrane or anatomical location, yet we find some basal-celled carcinomata making rapid and destructive progress on some patients, irrespective of the mode of treatment, and sometimes hastened thereby.

Again, we see the columnar-celled carcinoma, supposed to be much more virulent than the squamous, respond to local or internal treatment.

Likewise with the glandular type of carcinoma—early opera-

tion, x-ray, or even internal treatment eradicates the disease in one case, while in another any interference tends to a rapid dissemination, resulting in an early death.

While we do not know the cause of epithelial cell proliferation in the form of cancer, nor yet its crazy development and progress, why can we not look upon it, though it differs in every way from any other disease, as similar in so far as its invasion is concerned? Tuberculosis is a curable disease and yet we meet with a type so virulent that a cure or even relief is beyond the pale of scientific medicine. Bright's disease, also, in its early stages, is amenable to cure, but so often runs a course which baffles our intelligence. Pneumonia, diphtheria, scarlet fever we head off and grasp our patients from death's door, and yet some pneumonias blank our efforts and snuff out the life of the victim in jig time. The same can be said of nearly all the diseases to which the human flesh is heir and, although we know that cancer, in itself, is more difficult to handle than other maladies, why should we not consider this as one of the factors to explain the recovery of one patient and the death of another from apparently the same type of neoplasm? Microscopically and clinically, we have yet to differentiate pathologically between the virulent and the mild, in carcinoma of the same class and type of cells. This, it seems to me, explains the recovery of one case and the death of another which, to all macroscopical and microscopical appearances, are identical.

The second factor, which to a much less extent explains this, is the question of resistance and susceptibility.

There is no question as to the immunity of some individuals to certain diseases, and that immunity is now being more thoroughly understood by our scientists, who have discovered ways and means of raising or lowering that somewhat unknown quality in the animal and human, by the administering of physio-chemical products which develop within the animal what is termed antibodies. This is also an unknown quantity and may be any constituent of the blood or tissue juices. The action of vaccines, antitoxins and serums is thus explained. It is this resistance, not necessarily immunity, that spells for us success. It is the barrier against the invasion of infection which it holds more or less inactive until chemically changed and rendered neutral by the body fluids. It is the raising of this resistance, perhaps, that we, as homœopaths, produce when we get direct results

from our remedies. A lowered resistance leads to susceptibility which permits invasion of the infection, and unless controlled, the battle is lost.

As we see evidences of this hidden power, resistance, be it what it may, displayed or lost, in all the ills of the human, it is reasonable to expect that it could play a very important part in the retardation, elimination or progress of carcinoma, virulent types to the contrary notwithstanding.

The third factor—age of the patient—is also to be reckoned with in the possibility of cure. Cancer of all types is to be considered an extremely serious, fatal ailment in those of the first and second tricennial of life, or from the ages of twenty to sixty. The prognosis improves with advancing years. Twenty to forty, the mortality is extremely high; forty to sixty has a lower rate; while sixty up offers the best possible chances of recovery or control. This is practically the reverse of other ailments, the age of the patient handicapping his chances of recovery. While cancer before forty is comparatively rare, it is almost certainly fatal and is thought by some pathologists to be due to the rapid waste and repair incident to an active life. After sixty, the individual has settled down to a more quiet, sedentary life, without exertion, overstrain and depletion. The tissues are less active in use and in some unaccountable way, seem to offer a resistance to the ravages of the disease, and in this particular is not unlike the etiological picture of tuberculosis. While we know that the age of the patient may be for or against the chances of recovery, we must ever keep in mind the first factor—the type of growth.

The fourth factor, or period in which treatment is begun, while not necessarily arguing for or against a possible cure, means much in promoting a prognosis.

It matters little what the mode of treatment may be, one point is certain—the earlier the treatment the more likelihood of satisfactory results. If it is true that cancer in its early pathology is benign or that there is a precancerous stage, complete eradication, whether with the knife, cautery, caustic, x-ray or radium, offers a cure when instituted early and is many times obtained. Even after clinical and microscopical examination reveals a neoplasm of distinct type, with or without marked tumefaction—although involvement of the regional glands has taken place, radical measures may yet save the life of the un-

fortunate. But in the later stages of the disease, when the cell proliferation has broken through their stroma; the lymph channels and glands clogged with cancer cells and detritus; the disturbed circulatory function producing necrosis, abetted by pyogenic infection, and the system indicating dissemination and general carcinosis—this condition has reached the inoperable stage; has gone beyond recall and can only be considered subject to palliation.

The fifth and last factor is the method of treatment and technic.

Cancers of the squamous variety involving the skin give us our largest per cent of cures and respond well to the knife, caustic, cautery, x-ray and radium; the x-ray or radium possibly being the safest and least destructive.

The columnar type, involving the mucous membranes, are usually fatal, though many cases have been cured or held in abeyance for years. When not amenable to the rays, radical operations are called for with subsequent raying.

The technic in cancer surgery has been improved in the last five years, but it is beyond the limits of this paper to go into detail as to the exact, delicate, immaculate and extensive technic of the cancer surgeon; suffice to say that it has been found that to achieve success in the way of cure or relief, it is necessary to cut long, deep and wide, not only removing the neoplasm, but everything else in the vicinity likely to hold or harbor a cancer cell. Glands, lymph channels, fascia, muscle, skin and even bone in some cases.

For example, in breast cancer, which carries the highest mortality and the most likely to become disseminated from interference, the up-to-date technic begins in the axillary and subclavicular spaces, using one set of instruments and gloves; removing all the lymph glands, fat and fascia, and after closing these spaces, ends with the complete removal of the breast and all its underlying structures to the ribs, using a second set of instruments and gloves. This is to prevent any possible smearing of the tissues with cancer products.

Boldness, expert technical knowledge, faultless cleanliness and acute surgical judgment are essential to a satisfactory end result in cancer surgery.

Therefore in answer to the question, "When is cancer curable?" we may recapitulate as follows:

Cancer is curable dependent upon

1st. The type of growth—mild or of average virulency.

2nd. The resistance of the patient.

3rd. The age of the patient—usually over sixty years of age.

4th. Period in which treatment is begun—when taken early.

5th. The method of treatment and technic—when the correct treatment is selected and the technic carefully and extensively carried out.

PRESENT STATUS OF RADIUM THERAPY IN CANCER*

By A. C. Cowperthwaite, M. D., Los Angeles

The gamma rays are the active force in radium. The alpha and beta rays must be screened off to prevent their destructive effect upon healthy tissues. The gamma rays will destroy every cancer cell with which they come in contact. In small growths, at an early stage, especially when in a locality easily reached, this may be readily accomplished, but in deeper seated growths, as in the abdominal cavity, and which are usually quite advanced before their discovery, it is quite another matter. The gamma rays penetrate from three to four inches, unless too heavily screened, but even that penetration may not be sufficient, and moreover, it is impossible to ascertain the circumferential extent of the disease, or rather of the rapidly multiplying cells, as they make their inroads upon adjacent tissues. Thus radium has its limitations, just the same as surgery. If the surgeon could only follow the cancer cells in their migrations and make a clean sweep of them, there would ordinarily be no recurrences, but this he cannot do, so recurrences are the rule and not the exception. Many such cases have been treated by imbedding one or more tubes of radium within the diseased area, but not with any flattering success. I consider that it would be much better to remove the cancerous tissues as far as possible with the knife, afterwards implanting a tube of radium, well screened, into the wound. I have obtained the best results in such cases by applying a radioactive therapeutic film over the abdomen after the operation. This not only tends to destroy any remaining

*Abstract of paper read by title, Nat. Soc. of Phys. Ther., 1914.

diseased cells, but forms a constructive action of restored metabolism, and invariably, according to my experience, relieves pain, and if it does not destroy all remaining cells, makes the patient comfortable and greatly prolongs life.

In cancers of the breast it is much better to remove the dead tissue by surgical measures than to attempt its destruction by radium. Then, by applying radium after the operation, the cells that may have escaped the knife can be destroyed and recurrence prevented. Here again the radioactive therapeutic film is of great usefulness. I have never known or heard of a case of cancer of the breast returning after treatment in this manner.

One of the happiest results of the radium therapy has been in the treatment of internal cancer. Very many cases have apparently been radically cured, at least they have shown no signs of recurrence after a period varying from two to eight years. Dr. Abbé and Dr. Kelly have reported such cases, as have also many French, German and Italian physicians.

In these cases pure radium salts is the best treatment, but even here, cures are reported, where the diagnosis was unquestionably correct, by the use of the radioactive film, applying it over the abdomen and an aluminum capsule at the os uteri, thus obtaining the cross-fire, as it is termed.

In internal cancer, after removal, when another operation would evidently be out of the question, and even after a secondary growth is manifest, radium will prevent recurrence, and, in the latter case, will destroy the developing growth in its incipency and produce a cure.

The application of pure radium bromide in sufficient amount and properly used, is a harmless, painless and efficient remedy in all cases of epithelioma of anything like recent origin, and in older cases, where metastases have not occurred, or where the destruction of tissue is not so extensive as to make radium treatment obviously impracticable, as is frequently the case in the more malignant types. I have found the latter class of cases to have almost invariably followed the application of caustics, and they are the most unamenable to treatment. Radium is most successful when it is the first treatment employed. In those cases which have been operated, or have received x-rays, or any other form of treatment, radium is slower in its action. This, however, does not refer to those cases that receive radium applications immediately after operation to prevent recurrence.

Radium is of great value and almost universally successful in other forms of skin diseases. In lupus, rodent ulcer, warts, keloids, etc., presenting a small area or localized patches, it is particularly useful. I have found the radium ointment most successful in eczema, psoriasis and other ordinary skin diseases. Almost any ulcer, even syphilitic, will rapidly heal under radium treatment. Where standardized radioactive products can be used they have the advantage of not being prohibitive in price, are easily obtainable, and are readily applied, no technical knowledge being required.

Radium has proved highly satisfactory in removing secondary nodules occurring in the scar after operation, as we so often see in breast cases. In cases that are radioized with pure radium immediately after operation, or, in those who at once have applied and wear a radioactive film after operation, these nodules as a rule do not occur.

Except in the treatment of epitheliomas occurring on the surface of the body, radium is not a substitute for surgery, but is rather a valuable auxiliary, and should be invariably employed after every operation for cancer, wherever the disease may have been located, in order to practically insure nonrecurrence. In cases where the prognosis is hopeless, either pure radium or a radioactive film should be applied to relieve pain and prolong life.

Osteosarcoma yields promptly in most cases, but in lymphosarcoma some of the best results are being obtained. In the latter, where practicable, the affected gland should be thoroughly radioized several times, then removed surgically and the wound radioized. After such treatment there seems little or no danger of recurrence.

Cancer of the larynx and other growths within the larynx offer a very promising field for radium, and some magnificent results have already been obtained. When the disease does not involve the vocal chords it is possible to destroy the cancer without sacrificing the voice.

To Recapitulate:

- (1) Radium is finding its proper sphere of usefulness, just as the x-rays have already done, and, like the latter, it is coming to have a recognized place of great value in therapeutics.

- (2) Radium is absolutely curative in recent skin epitheliomas.

- (3) It is better than other methods of treatment in ad-

vanced cases of skin epithelioma, and also in these growths when occurring on mucous surfaces.

(4) Radium is of no value in metastasis, where the cells have escaped into the blood-stream and set up new foci far away from the original focus, thus causing a more or less wide dissemination of the disease.

(5) Radium is a valuable adjunct to surgery in pre-radioizing cases which otherwise would be pronounced inoperable.

(6) Highly radioactive preparations, standardized as to strength, in the form of films and ointments, have a marvelous effect in checking cancerous growths, and relieving pain and prolonging life in inoperable cases.

A PROVING OF *BELLIS PERENNIS**

By Albert E. Hinsdale, A. B., M. D., Columbus, Ohio

Natural Order—Compositae.

Synonyms—English, English Daisy, Garden Daisy, Hen and Chickens; French, La Paquerette; German, Maslieben.

Description—A perennial herbaceous plant, stemless, scape naked, single headed. Leaves obovate, crenated. Flowers are white. Heads many flowered, radiate, the rays numerous and pistulate. Scales on the involucre herbaceous. Flowers March to August. (From the Homœopathic Pharmacopeia of the United States, 1914.)

Habitat—Europe, mostly in Britain.

History—This drug was probably first mentioned in homœopathic literature by Dr. Henry Thomas, *British Journal of Homœopathy*, Vol. XVI. Other references to the drug are to be found in Allen's *Cyclopedia*, *Homœopathic World*, Vol. XIX, *Hahnemannian Monthly*, Vol. XIX, and in a few other homœopathic journals of several years ago. *Bellis Perennis* is described, both as regards its symptomatology and therapeutic applications, in Clark's *Dictionary of the Materia Medica*; this work quotes largely from Dr. Burnett of London, who used the drug considerably. The drug is mentioned in Dewey's *Essentials of Homœopathic Materia Medica* and occasional reference to the medicine is to be

*Conducted by Department of Materia Medica, College of Homœopathic Medicine, Ohio State University. Published also in *Hom. Rec.*, June, 1915.

found in the periodical literature of the homœopathic school.

Part used—The whole fresh plant. The tincture used in this proving was supplied by Boericke & Tafel.

Form in which the drug was given to the provers—*Bellis perennis* was taken by the provers, six in number, four men and two women, in the form of the tincture only. No attempt was made to obtain symptoms by giving any of the different attenuations of the remedy; this at first sight might appear to render the proving incomplete, but in view of the fact that *bellis* is not a very active medicine, and that symptoms were only obtainable from large doses of the tincture, renders it very probable that no symptoms would have been obtained from any of the dilutions had they been given.

Physical condition and other factors concerning the provers previous to the administration of the drug—The following is an outline of the examination to which each prover was subjected:

Age.

Blood pressure.

Blood by Wright's stain.

Hemoglobin.

Urine:

Total amount for 24 hours.

Color.

Specific gravity.

Albumin.

Sugar.

Urea.

Reaction.

Condition of the heart.

Condition of the lungs.

Condition of the liver.

Condition of the skin.

Habits:

Is the prover a smoker?

Does the prover drink coffee?

Does the prover drink tea?

Condition of pulse.

Temperature.

Is there a craving for any particular article of diet?

Is there an aversion to any particular article of diet?

Condition of sleep:

Is the prover subject to headache?

Is the prover subject to dreams?

Temperament.

Condition of bowels.

The ages of the provers were 29, 24, 22, 22 and 43 years respectively; the first three ages being those of the men. Every prover was found to be practically normal both in regard to his physical condition and activity of his organs. A very few physical and functional defects were noted, but their deviation from the normal was almost within the limits of physiological variation. It would be difficult to select six better specimens of physical and functional development than those shown by the provers.

Symptomatology

Skin—(The number given after any symptom represents the number of the provers who experienced the symptom.) Itching on the back and along the flexor surfaces of the thighs (3); this symptom made its appearance on the seventh day of the proving and lasted until the drug was discontinued and it was unattended by an eruption. The modality of this symptom was worse from hot bath and from the warmth of the bed and relief from cold. (3) A previous acne became worse (1) Itching around hairy margin of scalp and over the back, not noticed in the day time; worse from hot bath and warmth of the bed and relief from cold (1). One prover experienced absolutely no symptoms at all either upon the skin or elsewhere. Four or five boils appeared on the face on the 12th day and lasted one week. (2).

Stool—Five provers experienced intestinal symptoms characterized by diarrhea as follows: Yellow (5), foul odor (5), watery (3), semisolid (2), painless (5), and attended by little urging (2) or no urging (3), some gas expelled with the stools (2) and worse at night (5).

Sexual organs—(The following symptoms were shown by one of the women provers; the other prover had a hysterectomy performed some years ago and consequently no symptoms peculiar to disturbances of the sexual organs or menses could be obtained.)

Started taking the drug the day before menstruation and the proving ran over two menstrual periods. The uterus seemed sore as if squeezed; this symptom was more or less

constant through the entire menstrual period each time. No change in the character of the flow could be detected. Accompanying symptoms were dizziness and vertigo, worse upon rising and relieved by lying down. Pain down the anterior surface of the thighs was noticed each time of the menses.

Extremities—Owing to the variety of the rheumatic symptoms elicited, each prover's symptoms are recorded separately:

Prover No. 1. Soreness in both elbow joints which felt as though hit with a club; this symptom lasted two days, after which both knees and right ankles were similarly affected. There was a deep soreness with strained feeling which lasted until the proving was completed (23 days). No modalities.

Prover No. 2. Soreness of left knee joint with a feeling as though the tendons were drawn; worse from motion. Both thumb joints also affected. Soreness over region of the ribs and axillary space on both sides with a sensation of squeezing which was worse at night.

Prover No. 3. Stitching pains in the right hip and shoulder, intermittent in type, lasting about two minutes; worse at night with no modality as to motion.

Prover No. 4. Rheumatic pains all over the body, worse in the morning and better from motion. Soreness in the muscles.

Provers No. 5 and 6. Experienced no symptoms in the extremities.

Doses employed—All doses were taken three times daily and no symptoms were obtained until a half drachm was taken at a dose, this being on the seventh day of the proving. The dose was gradually increased until one drachm was taken. The proving lasted over a period of 23 days.

New symptoms and therapeutic applications as deducted from the proving—What is supposed to be a reliable symptomatology of this drug (and it is not the intention here to assume that such record is not reliable) gives no mention of any diarrhetic symptoms. In this respect the symptomatology of *bellis perennis* has been amplified. Neither have any female symptoms of this drug been recorded, within the writer's knowledge. Owing to the fact that female symptoms were elicited from only one woman prover (as stated before, it being impossible to obtain female symp-

toms in the other female prover, because of a previous operation), too great dependence should not be placed upon the findings in this particular case. The findings are suggestive, however, of what might be obtained in case the drug was proved by several women.

It thus appears that *bellis* would be a useful remedy in diarrheas of a yellow color, painless, of a foul odor, and worse at night. In this respect the drug resembles somewhat *podophyllum*, *china*, and phosphoric acid, yet there are decided points of differentiation between *bellis* and these drugs, and it appears that the remedy may come to occupy a very distinct place in the therapeutics of diarrheic conditions.

In diseases peculiar to women *bellis perennis* may prove to be of service in certain uterine affections characterized by squeezing pains in that organ, pains down the anterior surface of the thighs accompanied by dizziness. Some of these symptoms are seen under *lilium tigrinum*, *cactus*, and *xanthoxylin*.

Some new skin symptoms were developed in this proving which have not appeared in any former pathogenesis. Dermal irritations characterized by itching, without an eruption, especially upon the flexor surfaces of the thighs, aggravated by heat and relieved by cold, will probably be benefited by the remedy. In some respects these symptoms of *bellis* resemble the skin symptoms of *dolichos*.

Verifications which this proving has furnished of the former symptomatology of the drug—A former symptomatology credits the remedy with producing boils. Boils were produced in this proving, consequently it is reasonable to believe that the power of the drug to produce this condition is firmly established.

Former records of the effects of *bellis* show that a variety of rheumatic symptoms are produced by it. These effects have also received verification by this proving. In general the therapeutic range of *bellis* in rheumatic conditions is as follows: Soreness of the joints; strained bruised feelings characterized by no especial modality; generalized muscular soreness. The writer has frequently and successfully used this remedy in the treatment of such conditions, with the most gratifying results. In so-called rheumatic cases, lacking the modalities of *bryonia* and *rhus tox.*, the

drug is indicated. In general, the drug may be classed as a vulnerary and its external application, in the form of the tincture, should accompany its internal administration. For bruised conditions, muscular soreness, resulting either from exposure or from too vigorous physical exercise, the drug is very useful and, in the opinion of the writer, who has given the remedy many trials in these conditions, it far surpasses arnica.

Bellis perennis does not produce any pathological tissue changes, neither does it affect in any way the urine. Repeated examinations of the kidney excretion both during and after the proving, showed this to be true. The drug, however, causes blood changes which are those to be found whenever an individual suffers from boils. The drug in question is not, therefore, a deep acting remedy, and it is important to note that a dose of *bellis* may be as high as $\frac{1}{2}$ drachm of the tincture and still be homœopathic in every sense of the word.

I desire to express my thanks to my assistant, Mr. J. R. Wiggers, who helped conduct this proving. Without his painstaking care the experiment would not have been possible.

Ohio State University.

FICUS RELIGIOSA*

By Sarat Chandra Ghose, M. D., Calcutta

Indian name,—ashwatha; habitat, India; fresh leaves collected from June to August; first proven in 1898 and introduced by the writer.† Three provings reported. Leading use,—in hemorrhage.

Ficus religiosa is a sovereign remedy for arresting bleeding. It quiets the heart and hastens coagulation. Its action is remarkable and speedy in bleeding from injury of any kind, to be used internally or externally, 1st decimal or tincture.

Nine cases are reported, including bloody dysentery, hematemesis, hemoptysis, epistaxis, menorrhagia and primary hemorrhage,—recovery in eight.

*Abstract of paper read by title at the Bureau of Materia Medica, A.I.H., 1914.

†John H. Clarke's Dictionary of Materia Medica. Boericke's Materia Medica. Blackwood's Materia Medica. Journal of the Brit. Hom. Society, July, 1904. Medical Adv., Aug., 1904. Hom. Recorder, Apr., 1904. Indian Hom. Reporter, Apr. and Dec., 1904. Rev. Hom. Franc., Sept., 1902. Trans. A.I.H., 1906.

A PLEA FOR THE PROSTATE*

By N. R. Perkins, M. D., Dorchester, Mass.

My plea is not entered here because the prostate is on trial; not even has there been a complaint made of any wrong-doing. Nevertheless, like some other unpleasant things, it is always with us.

Without entering into the histologic or pathologic condition, we all know that nearly every man over fifty years of age has an enlarged prostate; some cause but little discomfort; some, particularly if the middle lobe is involved, may cause severe urinary symptoms. One writer has aptly said, "The normal prostate is a sexual organ, while the diseased is a urinary one."

This condition must either be endured, cured or removed. Physicians of all schools agree that drugs have but little or no effect on the hypertrophied prostate. It may be removed by surgical means, and many times with the most pleasing results; but, too, there is quite a percentage of mortality. The old are not the best subjects for surgery. The shock of the anesthetic and the operation is no pigny affair. The condition may be endured, but the sad picture we have all seen of the old man with the catheter habit, with its accompanying bladder infection, urine laden with pus and bacteria; or if not a catheter habitu  , he has to keep in close touch with some convenient place where he may relieve his bladder. It may be the toilet at one time, a cup at another, left at some point within easy reach; and added to this, the necessity of arising several times at night.

Now, as to the third proposition—cure—here electricity, I believe comes nearer to being the ideal than any other method. It may not reduce the size of the gland; it may not restore it to a sexual organ; but it will relieve it from being a urinary one, and this is the condition to be desired. It will relieve the symptoms of a hypertrophied prostate, except those that have become malignant, and if malignant neighboring structures will have become involved to such an extent that surgery is only palliative, and I honestly believe that electricity is as much of a palliative in these cases as is surgery.

Dr. Dieffenbach several years ago gave me a pointer in regard to the use of the high frequency current in these cases, but

*Read before the Nat. Soc. Physical Therapeutics, 1914.

as I could only procure glass vacuum electrodes, and being afraid of breakage, I made little use of it, as it did not appeal to me as being a safe procedure; so I tried my skill at making one of aluminum. It suited me so well that I induced a brass founder to make me some from my own designs. These aluminum electrodes have the advantage of being light-weight, easily sterilized, a good conductor and no danger of breakage.

The electrode introduced into the rectum, the curved portion fitting around the prostate, the sphincter resting in the constricted portion holds it well in place. By the way, I use a static machine with a step-up transformer. The electrode is attached to one pole of the machine, the other to any portion of the body. Sitzings are given from ten to twenty minutes every second day for two weeks; after that gradually increasing the intervals between sittings. The electricity seems to act as a germicide, the urine clears up, frequency of urinations giving way to longer intervals; night urinations in many instances entirely cease; the patient enabled to empty the bladder freely, leaving no residual urine. What more can be asked for? The patient still has an enlarged prostate, but is symptomatically cured. The treatment has proved highly satisfactory to me. My patients have not been subjected to a serious surgical operation and those not benefited have been left in as good condition as before treatment. Give the old man a show.

May I illustrate by citing two cases:

1. Mr. K., age 52; weight 240 pounds; by occupation a manufacturer; early life spent on farm; only illness he ever had was typhoid fever twenty years ago; has hemorrhoids which prolapse with every stool and are easily replaced; consulted me October 1, 1911. A few days previously he had consulted a physician for pain and soreness in the rectum, pain and difficulty in urinating. He advised him to see a surgeon and one of the best surgeons in Boston advised an operation. Then he came to me, and on examination I found an acute inflammation of the prostate, the gland hard, swollen to the size of an orange, extremely sensitive. I advised him to try electricity, which advice he eagerly accepted. He was given high frequency electricity with the aluminum electrode; sittings were from twenty to thirty minutes night and morning. Within two weeks he was enabled to resume his duties as president and manager of a large manufacturing firm, and has not suffered from any urinary or rectal trouble since. I simply

report this case to illustrate what electricity will do in an acute case.

2. Mr. F., age 60; retired; formerly in active business; well nourished man; no history of venereal or any other disease; fifteen years ago had hemorrhoids removed; for the past five years has had to urinate several times during the night and frequent urinations during the day; is able to empty the bladder quite well, only a small amount of residual urine. January 2, 1913, began treatments with high frequency electricity, aluminum electrodes, fifteen minutes every second day for two weeks, then every third day for one week. After the first week the night urinations decreased and at the end of the second week had ceased. The frequency of the day urinations materially lessened, and at the end of the third week he called himself well, and discontinued treatment. Six months later I learned that there was no return of the trouble.

CONCLUSIONS.

The normal prostate is a sexual organ.

The diseased one is a urinary one.

The diseased one may be endured.

Can be cured.

Can be removed.

High frequency electricity, with aluminum electrode applied to the prostate by way of the rectum, is the treatment *par excellence*.

Discussion

Dr. Wm. Dieffenbach, New York: The paper is admirable. Such treatment with aluminum electrodes would help many glandular as well as prostatic hypertrophies. Glass electrodes rarely break, but aluminum electrodes are better. Three to four hundred milliamperes do very well and have greatly diminished enlarged prostates. Hard fibrous prostates, as a class, resist treatment, while those which are soft and hypertrophied yield. Palpation and the results of a week's treatment will differentiate.

In one case in which the prostate was the size of a large grape fruit, with much distress and frequent nocturnal urinations, electrical treatments gave astonishing results in two weeks' time. The urinations were reduced to one or two each night and the size was greatly diminished.

I use a coll instead of the static machine and place the patient on a couch.

Dr. George S. Coon, Louisville, Ky.: Contrary to the general opinion,

old people stand operations remarkably well. Their nerves are less sensitive to pain. There is usually less shock, and less pain following the operation. I operated on one man 84 years old for strangulated inguinal hernia. Never did a patient get along any better. Another patient of 70 did beautifully following a double herniotomy. A patient of 73 who had refused operation for 2 years because she believed herself too old, finally being forced to have something done, withstood the removal of an ovarian cyst, as successfully as though she had been twenty years younger.

Our literature abounds with innumerable examples of successful operations upon old people.

The sooner the profession discards the old idea that age is necessarily a counter indication to operation, and that wounds in the old do not heal readily, the better it will be for the sufferers whom age has overtaken.

Dr. Edw. Beecher Hooker, Hartford, Conn.: I once had the misfortune to have a glass electrode fracture at the rectum at the junction of insulation. Glass electrodes are safe if heavy enough and not heated too highly.

Dr. Clarence Niles Payne, Bridgeport, Conn.: The wave current has given me good results in the treatment of enlarged prostates.

Dr. Roberts Richie, Brewster, N. Y.: My experience with electricity in treatment of prostates has been uncertain. In one case the patient eventually had to undergo an operation. I would suppose that in using a metal electrode, the current would be discharged into the anal tissue where the first contact is made. I would like to ask if it would not be better to have the outer portion of the electrode insulated so that the full force of the electrical discharge would come against the prostate.

Dr. Perkins, Dorchester, Mass. (closing the discussion): Indentations on the electrode fit the anus, and the anal mucosa gets the impact of the current, the contact being all along the electrode as well as at the end.

The Boss' Job.—Ira Copley received a call one day at the office of his big gas companies, from a man who had saved the nation all through the last campaign, and was willing to accept some suitable reward of merit. He told Copley of the scads of votes he had swung into line for him, and said he wished to retire from politics and take some light congenial employment with the gas company.

"I want a place that will pay a darned good salary and no boss over me," the man emphasized.

"Well, I'll keep you in mind," said Copley. "But there's only one job here, such as you mention, and I am holding that down myself just now."

DERMATOLOGIC TOXEMIAS OF PREGNANCY THEIR RECOGNITION AND TREATMENT*

By Ralph Bernstein, M. D., Philadelphia

The cutaneous manifestations due to the toxemias of pregnancy are no different from the dermatologic manifestations of any other toxemia. True it is that under the stress of gestation certain deviations from the usual types, however, may be present.

I shall first present the more common conditions to be met with during the pregnant state, including the following diseases: urticaria, angioneurotic edema, erythema multiforme, erythema nodosum and purpura, all of which I have seen present at some time during the pregnant state.

I shall then consider erythema scarlatiniforme, herpes simplex and zoster, pityriasis rosea and pruritus, any of which may be found at varying times during pregnancy.

Finally, I shall have a few words to say on the more rare cutaneous manifestations of pregnancy, such as impetigo herpetiformis and dermatitis herpetiformis.

With reference to the treatment of these toxemias, my experience has demonstrated to me that the best way to dissolve and get rid of the toxemias responsible for these dermatologic manifestations is to have the patient drink copiously of soft or distilled water—from two to three quarts a day. Boiled or distilled water, being a soft water and having been robbed of its mineral properties, acts as a wonderful solvent for these toxins and aids greatly in the eradication of the dermatologic manifestations.

I am, as well, fond of putting the patient on a four or five days' absolute rice diet, which consists of plain boiled rice with two or three slices of toast, and perhaps a cup of weak tea, three or four times daily.

Constipation must be combated, and everything done which is possible to assist the body generally. Patients affected with dermatologic conditions in the pregnant state drink two or three glasses of lemonade one day with very little sugar in it; grape

*Abstract of paper presented to the Obstetric Society, A. I. H., 1914. Published in full in *Hah. Monthly*, Aug., 1914.

juice, well diluted, the next day; orangeade the following day, and so on in turn.

Locally, these conditions are practically all treated in the same way: some mild, soothing lotion, ointment or oleagenous substance. Since these conditions are all non-parasitic and non-micro-organic as well, they naturally demand something which will soothe; therefore our old friends calamine lotion, unguentum bismuth subnitrate, and olive oil emulsion are most admirable.

The following remedies are suggested:

Urticaria: agaricus, anacardium, antipyrin, apis, chloral, fagopyrum, urtica urens.

Angioneurotic edema: apis, antipyrin, anacardium.

Erythema multiforme: agaricus, arnica, copaiba, rhus tox.

Erythema nodosum: arnica, belladonna, kali brom., sulphuric acid.

Purpura: arnica, chloral, crot. horrid., kali iod., lachesis, mercuris, tarent., cub.

Erythema scarlatiniforme: am. carb., belladonna, hyoscy., terebinth.

Herpes simplex or zoster: aconite, apis, belladonna, bryonia, cantharides, crot. tig., merc. viv., ran. bulb., rhus tox.

Pityriasis rosea: borax, mez., nat. arsen.

Pruritus: aconite, agaricus, cup. met., dolichos, fagopyrum, zinc. met.

Impetigo herpetiformis: ant. crud., ars. alb., calc. carb., clematis, and crot. tig., graphites, hepar sulph., kali bichrom., merc. viv., rhus tox., viola tricolor.

Dermatitis herpetiformis. Same as impetigo.

"They Relieved the General of His Pain and He Fell Asleep." * * *
"His Death Occurred While He Slumbered." The above grim sentences were contained in a dispatch from headquarters on the battlefield in Flanders which announced to the British government the death of Lord Roberts, who is said to have died from pneumonia after exposure to inclement weather. The same sentences might be written, appropriately, upon the tombstones of innumerable dead who, supposedly, died from a like disease. They, too, were relieved of their pain and fell asleep; and their death occurred while they slumbered. Grim and brief though this title is, yet it reveals a history of narcotic medication replete with a fatality unsurpassed by war itself.—*Eclectic Med. Jour.*

DRUG PATHOGENESIS*

By E. B. Nash, M. D., Courtland, N. Y.

The shortest definition of the word pathogenesis is—"the origin and development of disease." There is natural disease and drug disease. The latter is the subject under consideration.

It is sometimes difficult to tell where health leaves off and disease begins, as much so as where sanity leaves off and insanity begins. There is no question that drugs are capable of causing such conditions. The history of the abuse of morphin, calomel, quinin in material doses have settled it.

Toxicology is the science of poisons. Poison is a stage of drug disease. But there is a stage preceding that which we term *symptomatic*. It is this stage that has furnished the field in which the homœopathic school of medicine has explored most widely and thoroughly.

When Hahnemann discovered that cinchona cured chills and fever by virtue of its power to cause them, his inductive mind instantly conceived that all really curative action of drugs might come under such physiological law. Investigation corroborated such reasoning.

Without entering into a description of proving and potentization of drugs, which all understand, it was found that drugs hitherto deemed inert, were possessed of wonderful powers, both in pathogenesis and therapeutics. One object of this paper is to set forth what after a long life of conscientious and painstaking experimentation, I believe to be true:

1. That symptomatology as laid down in our materia medica is the best source from which to select our remedies;
2. That those symptoms which are termed subjective, are of first importance;
3. That objective symptoms follow next; while
4. That those called pathological, important as they may be for purposes of diagnosis, prognosis, hygiene, etc., must take last place for purposes of prescribing.

Take a case of typhoid fever. One of the latest and best authorities gives as diagnostic the objective symptoms: peculiar temperature, rose rash, enlarged spleen, Ehrlich's diazo re-action of urine, Widal's serum test, epistaxis, early dirotism of pulse, absence of leucocytosis.

*Abstract of paper read by title, Bureau of Materia Medica, A. I. H., 1914.

Here is the case from the objective standpoint. What shall we prescribe on these symptoms as guide?

The true homœopathic healer treats his case with baptisia, bryonia, rhus, arsenicum, or any other remedy, provided the symptoms of the patient come within the range of symptoms covered by the remedy in its pathogenesis. No remedy in proving or poisoning ever produced typhoid. But remedies do cause subjective symptoms that simulate those appearing in so-called disease, and these constitute the "similia." If we do not recognize this, it is dishonest to lay any claim to being a homeopath. Do we not prescribe bryonia in any stage when there is delirium, especially at night, about the affairs of day, or business matters; visions, especially when closing the eyes; irritability; splitting headache, worse on motion or on opening the eyes; great thirst for large quantities at long intervals, with dry parched lips; bowels constipated; great lassitude and weakness; desire to lie quiet, as movement aggravates all the symptoms; turning pale or sick at the stomach on rising; cough with stitches or pains in the chest, worse on motion. Do we not prescribe on these, rather than on any of the objective symptoms above mentioned?

Of what account would the symptoms of bryonia we have enumerated, all aggravated by movement, be to the pathologist? How would the triangular red tip of the tongue, the intense restlessness, and aching pains ameliorated by movement, of rhus tox., affect the choice of remedy with the allopathic physician? Would (the objective symptoms all being present) the presence of great prostration, burning pains, anguish, restlessness, thirst for small quantities, all aggravated at one to three in the morning, weigh with the prescriber depending upon objective or pathological conditions for his guide? And how about the delirium of baptisia, in which the patient feels "scattered about," or "in pieces which he cannot get together;" or the intensely loquacious delirium of stramonium; the nausea and faintness from the smell of cooking meat, of colchicum.

I am fully persuaded after long observation that those who decry the science of symptomatology, are not well enough acquainted with it, or do not apply it according to the plain principles laid down in Hahnemann's Organon.

BENZOLE TREATMENT IN LEUKEMIA*

By Joseph P. Cobb, M. D., Chicago

Since the publication of Koranyi's article, in July, 1912, with reference to the treatment of leukemia with benzole, there has accumulated a mass of data. From these data we glean many important facts, some of which I propose to mention but without any great discussion.

Many cases have shown a marked improvement at first, to relapse, and some to have several relapses, some to die suddenly with the first relapse.

Benzole is of more value in splenomyelogenous leukemia, than in Hodgkins' disease and in lymphatic leukemia.

Results are more speedy and uniformly good when the treatment is accompanied with the use of the x-ray. The best results have been obtained where there has been noted a gradual decrease in the size of the spleen, coincident with the decrease in the number of white cells.

The dosage of the drug has been very varied, from a few minims several times a day to daily doses of four or five grams. It would seem, in studying the various records, that in some cases the patients' interests have been sacrificed to a too severe dosage. The reduction of the total number of leukocytes to a dangerously low percentage, less than 5,000, has always been accompanied by unfavorable symptoms, which symptoms have increased in severity when this low percentage has been maintained for any length of time.

Following is the record of a case apparently cured:
September 15, 1913. Mr. R. E. C. Skidmore, Mo.

Referred by Dr. C. V. Martin. Occupation, stock farmer. Family history: Father died of blood poisoning. Mother living and well. One brother and one sister both living and in good health.

Personal history: Age 28. Married, has two children, both in good health. He had measles in childhood, but no other dis-

*Abstract of paper read before the Bureau of Clinical Medicine, A. I. H., 1914. Published in full in *The Clinique*, August, 1914.

ease; he always enjoyed good health until four years ago, when he had an attack of appendicitis and developed pleurisy following appendectomy. Does not use tobacco or liquors. Appetite good. Bowels constipated. Always been a hard worker.

In June, 1913, he first noticed that he did not feel right: troubled with headaches and dizzy feelings; had pains in the left side: felt a lump below the ribs on the left side, which seemed to disappear at times, to reappear again; had attacks of diarrhea; felt weak and got tired easily; had no endurance.

Physical examination: Body thin, skin dry and waxy white; reflexes normal. Height 5 ft. 10½ in.; weight 150. Heart, irregular pulse, volume good, otherwise negative. Lungs, normal; liver, slightly enlarged. Spleen filled nearly one-half the abdominal cavity, extending from upper margin of eighth rib to the crest of the ilium, and nearly to the median line at the level of the navel. Stomach, negative.

Blood examination showed characteristic findings for splenomyelogenous leukemia. Urine analysis gave negative findings. He was sent to the hospital; at first he was not kept in bed, but allowed to be up and around and to go out. After the first two weeks he was kept in bed. He was given benzole in olive oil, 5 minims, t.i.d.; this amount was increased rather rapidly until at the end of one month he was taking 34 minims daily in four doses: the dose was increased until he was taking 5iiss. daily. Improvement in the blood picture began coincidentally with the ingestion of 60 minims daily. During the first six weeks radioactive water was used, both internally and by rubbing into the skin.

Coincident with the change to x-ray treatment improvement became more marked. In addition to the use of benzole, he was given either arsenicum alb. 3x or chininum ars. 2x throughout the whole course of treatment. On two occasions only were we obliged to suspend the benzole on account of gastric irritation, and each time only for a day. At times he had very annoying headaches; glonoin 3x usually gave prompt relief. At times he suffered a good deal with backache in the lumbar region, pains in the abdomen, constipation and dizziness: usually some intercurrent remedy seemed to give him relief. He was given a generous diet.

SPLENOMYELOGENOUS LEUKEMIA. CASE I. R.E.C. R. 504,

HAHNEMANN HOSPITAL

	Hgb. Date per cent	R. B. C.	Macro- cytes, Micro- cytes & Poikilo- cytes	W.B.C.	Differential Percent- ages					Benzole Daily Dose
					Polymph...	Lymph....	L. Mono...	Eosinoph.	Myelocytes	
1913										
9/15	60	3,700,000	All present	140,000	48	20	2	..	30	M. 15
9/28	60	3,700,000	" "	200,000	44	22	3	..	32	M. 25
10/29	90	4,400,000	" "	195,000	51	10	4	2	33	M. 65
11/25	80	3,800,000	Poik. few	119,200	50	17	2	7	23	M. 78
12/30	95	4,300,000	" "	40,900	61	12	4	2	21	M. 87
1914										
1/26	90	Uncounted	Few	23,100	69	14	6	2	9	M. 87
2/26	95	4,411,000	"	14,700	82	10	4	1	3	M. 87
3/30	93	4,832,000	"	7,200	79	16	2	3	0	M. 80
5/14	80	5,000,000	"	8,800	73	22	1	4	0	M. 60
6/ 6	..	4,780,000	.....	7,200	76	21	2	1	0	M. 60

LYMPHATIC LEUKEMIA. CASE II. BOY OF 10

4/20	28	900,000	Many	116,800	..	96	0	..	..	..
4/29	25	520,000	"	93,300	..	83	1	..	..	..
5/ 3	18	650,000	"	55,000	..	97	1	..	..	..

During the week from May 14 to 20, when under observation at the hospital, he was not feeling as well as while at home previous to the return trip—we charged it to fatigue from travel. He also reports to me that it was a week after returning home before he felt as well as before leaving home. He complained of some headache, pains in the abdomen, lumbar backache, pains in the legs and of getting tired quickly on any exertion.

Physical examination showed no new involvement of liver, spleen or other glands.

Since treating this case there has been placed in the hospital, conjointly under the care of Dr. Wilson and myself, a case of lymphatic leukemia, in an advanced stage—a boy ten years of age, who had been perfectly well up until September, 1913. At that time he was put under treatment for malaria and later was said to have walking typhoid. No blood examination was made. The onset of the leukemia had not been recognized! He was seen by Dr. G. M. Cushing, who, recognizing the character of the disease and its severity, immediately sent him to the hospital. His blood count is recorded above.

There was a moderate enlargement of the spleen, some en-

largement of the liver, a weakened heart muscle, with palpitation on any exertion, poor circulation, an edema of the lower limbs. These unfavorable symptoms all increased until the death, which occurred on the 7th of May.

This boy, in addition to other treatment, was given benzole in oil, five drops four times a day, without any apparent arrest of the blood changes.

THE MEDICINE OF EXPERIENCE*

By Eldridge C. Price, M. D., Baltimore, Md.

The assertion is frequently made by the laity that the two dominant schools of medicine are gradually drawing closer together.

This assertion is not without some foundation in fact, and especially is it true in the treatment of surgical cases. In medicine, however, there is greater diversity; but even in this field of so many bloodless battles the average practitioners in the two great schools use many procedures in common. We find in their offices the same instruments of precision generally, the same instruments of diagnosis, and the same apparatus for administering all kinds of mechanical treatment. At the bedside we find these men prescribing the same general regimen for the same purposes, and in some instances we find them outlining the same course of treatment—drugs and dosage inclusive—, for example, in abnormal blood pressure, in the antitoxin treatment of diphtheria, in tuberculosis, etc.

Up to this point the layman can see little difference in these two classes of men, and critical examination compels us to admit that as a matter of fact the layman is right. But at this point we come to the place where the two ways are supposed to part. The "allopath" goes his way and with watchful eye meets critical conditions, crises, and emergencies as they arise, having no definite therapeutic guide, no principle of drug action upon which to base a prescription for the cure of the patient, shaping his course in accordance with the medicine of experience as expressed many times in journal articles and text book suggestions, the value of which he knows nothing. The "homœopath"

*Abstract of paper, Bureau of Homœopathy, A. I. H., 1914. Published in full in *Hahn. Monthly*, July, 1914.

goes his way; and while he, too, with watchful eye holds himself in readiness to meet all vital and sudden pathological and symptomatic changes (and possibly with the same means used by his confrere), yet he administers what he should believe to be the drug that is homœopathic to the condition of the patient for the cure of the patient.

Here, then, is the difference between these two honest practitioners of medicine; one endeavors to cure his patient homœopathically, while at the same time he holds himself in readiness to take advantage of any reasonable procedure offered by modern medicine, that gives promise of aiding in the relief of his patient, and that will not militate against ultimate restoration to health; while the other knows nothing of, has no experience with, this therapeutic law, but trusts his case to expectancy, the method of therapeutic exigencies, alone.

With it all, however, the means used by the modern old school practitioner rarely injures the patient. This cannot be said of the medical man who lived when Hahnemann wrote his *Organon*. Furthermore, the average "allopath" of today many times prescribes homœopathically. He does not use fluxion dilutions, but he uses minute doses of such drugs as aconite, belladonna, bryonia, ipecac. Here again the two schools approximate.

There is today greater tolerance in all fields of thought than could have been imagined one hundred years ago, and the bitterness that animated the leaders of the past cannot be indefinitely perpetuated. Even medicine with its reputed dogmatism must yield to the more peaceful and beneficent *zeitgeist* of the 20th century. Today about the only attitude that thinkers will not tolerate is intolerance.

In the olden days the believer in homœopathy was expected to limit himself to the application of the principle of similars, and if he stepped aside to prescribe any other than the alleged homœopathically indicated remedy he was condemned, not only by his enemies, but by the majority of his own school. By this straight-laced attitude of his brothers there is little doubt many hypocrites were made. Such bigotry was unscientific, abortive of all originality, and an insurmountable obstacle to progress.

This narrow policy forced the conformer to accept much unproved assertion as fact, and discouraged investigation and honest criticism. He was, therefore, offered the alleged experi-

ence of others as his guide, and all effort to gain wisdom from his own independent investigation discouraged. Hedged about within the narrow limits of such unprogressiveness homœopathy was in a fair way to be stunted and dwarfed into piteous insignificance. Fortunately for the good of the human race, however, there is an apparently blind influence at work for its continuous betterment, and from this beneficent advancement the medical profession fortunately is not excluded.

This broad march of progress is, it is to be hoped, not entirely a matter of chance, but is one of the results of liberty of thought, honest investigation and declaration of the mature results of practical experimentation.

The answer to the question of the medical experience of the most value suggests a transitional situation looking to a solution of the unification problem. It may be assumed that the medical experience of most value to the world, including both the general profession and the laity, is that experience acquired from investigation, experimentation, application and repeated verification of effective therapeutic methods, including the homœopathic method; all of which has been the honest work of individuals properly qualified for such accomplishment. Such work may in a general way be regarded as the synthetic product of most value to the world; while to the individual practitioner the wisdom acquired through his own work, regardless of his sectarian preferences, may be regarded as of most value to him individually.

Assuming this conclusion to be correct there is no reason why we should resent, or in any manner shrink from the idea of the coming together of the two dominant medical schools. Why should not all men who are educated to endeavor to heal the sick unite in one great brotherhood?

We should not permit the bar to unification to be raised by ourselves, we who believe we have the "leaven" that will leaven "the whole lump." We are continually consulting and being consulted by the older school practitioners, why then should we not welcome the day of tolerance, the day of harmony, the day of common sense? If our hereditary enemies are ready and willing in this day of rapid changes and liberty of thought and orderly action to honestly affiliate with us, why not? If both parties to the unification are earnest and sincere there is no reason why it should not be consummated. Such unifica-

tion would mean the mutual recognition of the rights of each individual to think and to practice as his judgment dictates, and this would mean that the best wisdom from all general experience and from all individual experience would dominate the practice of medicine. It is only in this way that the greatest of all unifying culminations will ever be attained, which means the recognition of that which will be for the best good of the physician and of the patient, and which involves the acceptance, in accordance with the progressive and beneficent spirit of the times, of the fact that upon the keen observation, the logical conclusions, and the earnest work of the individual practitioner—regardless of sect—must rest the medicine of experience of most value.

POLIOMYELITIS*

By William Henry Hanchette, M. D., Sioux City, Iowa

In the discussion of any disease it is always interesting to note its evolution. I presume every physician who has done a general practice for a number of years, has either directly or indirectly come in contact with infantile paralysis. If he has not met it in epidemic form, he certainly is to be congratulated.

For many years poliomyelitis, commonly called infantile paralysis, has been known to the medical profession. As far back as 1840 quite accurate notes were made regarding it, and different writers and students described it. It was called "Essential Paralysis of Children." All agreed that the pathology was located in the cord, and so affected the muscles of motion. The earlier ideas were that it only affected the anterior horns of the spinal cord, and hence it was named anterior poliomyelitis. This name, however, today is more or less of a misnomer, because we find that the posterior horns of the cord are also affected in some cases, and hence we have loss of sensation as well as motion. Hence the title—poliomyelitis.

From a consensus of the opinion of the most recent students in pathological laboratory work it may be stated that poliomyelitis is a contagious or infectious disease, and that the secretions from the nose and throat, as well as from other parts of the body, contain a virus which is infectious to susceptible individuals, and most especially to children five years of age and younger.

*Abstract of paper read by title—Bureau of Clinical Medicine, A. I. H., 1914.

Wickman gives eight clinical types: common spinal, ascending or descending, bulbar, cerebral, ataxic, polyneuritic, meningeitic, abortive.

In all postmortems the anterior horns of the spinal cord are affected, and a general atrophy of the grey matter is observed, and as above stated sometimes this atrophy extends to the posterior horns and involves more or less of the cord; thus, as this condition may maintain on one or both sides, the nerve branches, which supply the muscles become wasted, shutting off the stimulus to motion on the side affected, thus causing corresponding paralysis.

It certainly is a unique disease, and, in cases of the milder type, it frequently evades even clever diagnosticians. These mild forms often pass without even calling a physician. The disease is so transient that all symptoms disappear in two or three days. From these mild and transient cases malignant types may spring, thus an epidemic severe in character and dire in results may be initiated. In the most severe types the symptoms are quite well marked, and undoubtedly in this class of cases reports are being made to the boards of health by most physicians.

During the past seven years several extensive epidemics have occurred in this country and in Europe. Climatic influences seem to have little effect upon poliomyelitis, as it appears from the extreme northern localities to the equator. As to the cause of its widespread occurrence there seems to be much doubt, as it does not always follow the lines of greatest travel, but appears in remote and isolated localities, we conclude that the so-called sporadic cases are scattered by healthy carriers.

It is believed that an adult may be immune from the disease and still carry the micro-organism about with him. It has also been claimed that insects, such as flies, bed bugs, fleas, etc., may convey the virus from one person to another. Dust also has been thought to be a means of conveying the infection from place to place.

Over eighty per cent (80%) of the cases of this disease occur in children under six years of age. The cases which go on to paralysis of one or more of the limbs are among the younger children. In the most severe cases of poliomyelitis a large proportion proves fatal and many who do recover are left crippled.

W. H. Frost in a governmental report makes the following

statement: "The conclusion that susceptibility to poliomyelitis is comparatively rare, and that the incidence of the disease is limited chiefly by a general immunity rather than by the dissemination of the virus, is reached primarily by exclusion, since no other hypothesis yet advanced satisfactorily explains the epidemiological peculiarities of the disease. The conclusion is, however, greatly strengthened by direct evidence, namely, the demonstration of the virus in the secretions of well persons. Obviously, the fact that these persons, though carrying the virus in their secretions, have developed no clinical evidence of infection, is proof of their insusceptibility. Should passive carriers be shown to be actually more numerous than clinically recognizable cases of poliomyelitis, then it will be proven that immunity to this infection is more general than susceptibility."

Leaders in Materia Medica. The average practitioner will use some 150 to 200 remedies in his practice, and, I believe, with few exceptions, it is impossible to keep a totality of all these remedies in mind, but, on the other hand, we might be able to keep a leader for each.

Let us take a few of our remedies, for example. Patient has flushed face, bright eyes and throbbing pains—we immediately think of belladonna, glonoin.

Again, he complains of dryness of all parts with excessive thirst, stitching pains, bryonia, kali carb.

Chilly, pale and waxy appearance, arsenicum alb. or phosphorus.

Gaseous distention, difficult breathing, carbo veg., if in stomach; lycopodium, if in lower bowel.

Four o'clock aggravations, lycopodium or pulsatilla.

Suppurative conditions, hepar sulph. or sulphur, if in softer parts; silica, in bone.

Headaches, throbbing, belladonna; sensations of nail in head, ignatia; ovarian, cimicifuga; headache following course of sun, spigelia; sick headache, iris versicolor.

Constitutional make-up offers leaders also, such as a hemorrhagic, extremely nervous patient, indicates phosphorus; scrofulous patient indicates sulphur or silica.

Women with dark skin and hair, saddle across nose and menstrual disorders need sepia.

And so on I might name any number of leaders that we might tie to and get results when far from our library.

I feel that the lesser of two evils is the better, namely, being reasonably sure of leaders is far better than a guessing knowledge of your totality.

Furthermore, let us have our patients uppermost in our minds at all times. Give him what he needs regardless of sect or pathy. A man may be theoretically perfect and practically a failure. Let us be practical.—*Hom. Recorder, June, 1915.*

DOCTOR CONSTANTINE HERING—

A Biographical Sketch

By Herman Faber, Philadelphia

[Continued from Page 1402]

On the fiftieth commemoration of his doctorate, the homœopathic medical profession surrounded the jubilar (guest of honor), and when its best representatives pronounced Dr. Constantine Hering "The Father of Homœopathy in America," their unanimity all over the land proclaimed this title was more than a compliment and phrase, but was a title well earned and to stand so for all time to come.

Here follow some extracts of orations of that memorable evening: "Now, as we have said, from Constantine Hering, more than from any other man or men, have gone out the forces which directly or indirectly have wrought this great change. He taught publicly and privately, and he has taught incessantly, because he could not help it. Publicly in Allentown and Philadelphia, privately wherever he has been, in season and out of season, always teaching. Whatever may have been the value of his public instructions, and we esteem them at the highest, we have no doubt those which were more and most private, have contributed more to the spread and triumphs of homœopathy and the increase of the number of its practitioners. The abundance of these and their influence on the minds and practice of men, none but the Omniscient can ever know. No one who has been blessed with their benefits will ever forget them. Rich, free, full, generous, abundant, asking no reward but a listening ear and an absorbing mind, he was never weary of instructing the ignorant, strengthening the weak, encouraging the doubting and fearing, and leading any who needed guidance into clearer light and self-sustaining confidence. And then further he has taught us by contributions to the literature of our school, to an extent surpassing those of any other man. The importance of these is equal to their extent. The writings of no other man are so compact in thought, so abounding with facts contributed to our knowledge with suggestions of relationship of these to other parts and to each other, so luminous with the effulgence of genius, so astonishing by the great labors they disclose.

Take from the literature of Homœopathy the contributions of Hering, and you have robbed it of half of its wealth." [Wells of Brooklyn.]

Dr. Carroll Dunham, referring to the banquet set before them, continued, "For forty years the feast of reason has been spread in his study. The bill of fare in our English and in his native German has been widely distributed. The strong meat of scientific reasoning, the choicest fruits of keen and sagacious observation, the wine of cheerful, hopeful confidence in the unity and consistency of natural law, the salt and spices of pungent wit and a wholesome satire, the milk of human kindness, and the flowers of poesy, have loaded the table, at which every student has met with a welcome, the only condition being that he should be hungry and should eat."

A buoyant spirit, a stout heart, possessed our Doctor. A hopeful, optimistic disposition, hopeful as to the future, charitably contemplating the past, never changing, all-enduring, firmly based on faith in God, divine providence, and the good in man. "When Alsace and Lorraine are gathered into a German Empire again, the Cathedral of Cologne will be finished," he predicted in 1835. He was generous to a fault, forgiving and easily reconciled when personally aggrieved, but unforgiving of untruth and selfishness in character whenever met with in a person. He was a great admirer of mental brilliancy in men, but this admiration would not prevent his breaking friendship with the man who, tested as to these cardinal virtues (truth and unselfishness and charity) when weighed in the balance, was found wanting. A guest in his house expressed himself once to the effect that it "causes a painful feeling to be convinced of an error." "This sentiment," said Dr. Hering, "separated me from him forever. Men ought to receive thankfully and joyfully the conviction of an error."

In September, 1854, I arrived in Philadelphia. It was then that know-nothingism flourished and was rampant. They told me that Dr. Hering was advising Germans *en masse* to emigrate to Canada. Whether true or not, I do not know to this day, but I gained the idea and had the impression thence, that he must be a man of importance. I was first introduced to and saw him at his home, Twelfth Street near Arch Street, in September, 1855. A small number of friends were then gathered around him, as host, to examine a couple of books

brought from Germany and presented by a Mr. Armbruster, bookseller from Vienna, who had come in hopes to find in the Doctor a ready buyer. Two large quarto folios, in parchment and pig skin, presented in finely painted animal pictures a complete pictorial natural history. They were in a fine state of preservation, in colors which had lost none of their original lustre. They excited the admiration of all present, and proved very tempting to our Doctor. The tale of Armbruster went to trace their origin to the end of the sixteenth century and to Emperor Rudolph, the Second, of blessed remembrance. Rudolph, poor, wretchedly poor, for an Emperor, had here indulged in one of his manifold scientific hobbies. In a well lit parlor in the 12th Street house, our host, the Doctor, with his little daughter, Melitta (now Mrs. Knerr) on his knee, bending over the pages of the work before him in praises well deserved, accompanied by highly interesting remarks and observations, demonstrating the keen observer and thorough student, impressed me as a mighty strong personality. The whole picture, striking in an artistic sense, though I knew little in those days of Rembrandt and his *chiaro-oscuro*, is vividly remembered by me. Whatever were the hopes of Armbruster, the price of the two books, \$800.00, proved too stiff for our Doctor. He did not buy, and what became of them I do not know. Armbruster I saw again in 1866 in Washington in a book store, in tears, bewailing the terrible fate of Austria and its army, then defeated at Sadowa. I tried to console the poor man, but "Rachel bewailing her little ones" would not be comforted. "Denn es war aus mit ihnen."

In the following fall I had a chance to experience with what amiability our good Doctor paid bills, a bill which had not even been incurred by him, but by his son, Johannes. The same, a planter and colonial Dutch official in Suriname, had come on a visit to Philadelphia, and during his stay had published a technical book. I had by his orders engraved and caused to be printed a number of plates, illustrating its pages, and now on the very eve of his departure I presented my bill. But son Johannes' treasury was empty and most amiably he referred me to his papa: "He would pay in two or three days." I had for the rest of the evening to sit down at the board of that good, unsuspecting man, he never dreaming I was to make an attack on his pocketbook, not long to be delayed,

either, for I needed the money badly. On the third or fourth day thereafter I summoned the courage to go collecting. Bravely I went to the Doctor's door, which I passed and re-passed several times. A final desperate effort and I stood before the Doctor bill in hand, stammering my business transaction with his son, the assurance of the same that his father would pay, and the hopes thence engendered in my breast. I will never forget the kindness, the amiability with which he received me, the readiness with which he called for his check book. So he helped me over a most embarrassing and momentous situation.

Of his university days the Doctor spoke often, but chiefly as to his studies. It seems that the Wisent had little time to engage in the customary frolics and escapades of our German student. Possibly also that the minds of the students in those days, the days of the Tugendbund, were more serious ones, especially with the many who had returned home from the battle fields of France and Germany to finish the studies which they had begun, as I am led to believe from tales of my father and mother. So whether young Hering was a great swordsman or not, I do not know. He mentioned once passing-ly that he was a good pistol shot. No "Mensurschmiss" sword or rapier scar, in his face or over his pectoral region, which I later on had a chance to examine, betokened the duellant of those days. A pistol I saw among his relics was a modern one and not of the past. Did he belong to the Burschenschaft? That was a student corps then, and represented in all of our German universities, pursuing political ends, the restitution of the German Empire, and the glory of the "Alt Kaiser Zeit." Among the Doctor's many objects, made memorable for us, I saw a cap of mediæval form of black chenille, with a golden overspun button on top and red border, likewise a red, black and gold ribbon crossing the chest as insignia of the Burschenschaft, seem to me to testify affirmatively as to his membership of that society.

A brother studied with the Doctor in Leipzig. It was an idea and favorite plan of the two, to arrange their studies and fit themselves for a joint expedition through South America. This brother was drowned while bathing in the Pleise. He might have been saved, but the fishers, owing to a superstition common among them that the Pleise demanded every year as

a sacrifice either a student or a fisherman, suffered the young man to drown without raising a finger to save him. Thus the contemplated tour of both jointly came to naught.

The period of the Doctor's life as naturalist in Suriname through the wilds of South America, along the banks of the Amazon, which Indian name he translated to us as meaning Botezertrümerer (destroyer, wrecker of boats), his intimate acquaintance of the various inhabitants, Arawaci Indians, Negroes, Spaniards, Creole and Dutch colonists, as to their qualities and character, the picturing of animal and vegetable forms, their classification and relation to each other, formed many an interesting topic for his Sunday afternoon circle of friends, and were much enjoyed by the attentive, interested audience. His descriptions, lacking none of the romancing and the exotic glittering light of a Gerstaecker and others of his type, were always clear, distinct, and bent on demonstrating the main point. He was a perfect master in throwing out threads and leading us into by-ways, but always keeping the main subject well in hand, thus making his tale the more forcible and his arguments more lucid: a well composed fugue. His language and his diction were forcible and plain, often quaint. A good and fine humor played around his lips and twinkled in his kind eyes. Satirical he could be, but never offensively so. In lectures, on subjects professional, this procedure when followed would not always answer. More so when time was strictly measured. And such indulgence I venture to say was rare. I have heard him deliver an opening lecture in the Hahnemann College on the potato beetle (*doriphora decemlineata*), terror of our farmers for a time, in the beginning of which he branched off into the public philosophy of Bacon and Leonardo da Vinci.

Incident with the Doctor's life as a naturalist was the study he devoted to his calling as physician and amplifier of homœopathic therapy, in which latter quality he was more successful than any of his colleagues. Prominent in this respect are his studies of snake poison, their effects and their therapeutic use. *Lachesis trigonocephalus*, our American rattlesnake, *crotalus horridus*, *vipera torva*, and the East Indian cobra; *lachesis boshmester* of the Dutch, *surucucu* of the Indians, he met with in South America. The very name "master of the forest" indicates the universal dread in which this monster is held. Prince of

New Wied alone gives us a detailed description with drawings of the beast; Schonberg mentions it in tales of its destruction among Indians. Dr. Hering not only faced but handled it, the very specimen now preserved in our Academy of Natural Science. He promised a rifle to an Indian if he would trap the snake for him, and true to his promise, the fellow brought a surucucu, an animal eight feet long, securely bound, especially the venom-swelled jaws, a strong cord being wound around them. To catch the beast suspended from a tree, the trunk of which the serpent furiously lashed, to catch it by the neck and unravel the string, setting its jaws free to bite into a pincer-presented watch glass, allowing the virus emitted through the fangs to saturate the therein-contained sugar of milk, certainly required steadiness of hand and nervous strength. "The process of extracting the poison being repeated until nothing more could be obtained, I despatched the snake." In his son's office (Walter) remains a sketch by the Doctor of the head of the veritable reptile, the wide opened jaws showing well the form and arrangement of the various parts. The proving of the virus, internally as well as externally, on the healthy organism of the Doctor himself, the symptoms produced, published and freely given to the profession, as a contribution to the *materia medica*, is a work highly prized by the profession and was again and again dwelt upon by various authors as a work and discovery of the greatest merit.

In 1855 Dr. Hering instituted "The Provers' Union," a society of physicians and intelligent laymen for proving drugs. How serious a matter Dr. Hering considered this task, what an amount of sincerity and devotion he expected from the members and from his person, which he was willing to devote to this task, will appear from his address to the profession and public. "Let every true Christian follow in the footsteps of the great Captain of his salvation and lay down his life for the brethren; that is, let every true homœopathic physician experiment on himself as a healing subject, instead of on his patient as a diseased one. Let him offer himself a sacrifice, give a free will offering of his own suffering, pour out a part of his own life, to win the guerdon of the divine gift of a more infallible and increasing ability to heal the sick."

In "Brehms Thierleben," with the description of the ser-

pent we find a portion of the above mentioned provings, reprinted with a glossary. The coarseness, the ignorance and narrowness, betray at once the malice and ill will of a narrow minded opponent of homœopathy, ill befitting a representative and scion of the much boasted "German nation of thinkers." Paracelsus, alchemist and physician, disputed and opposed by his contemporary masters of the healing art in Salzburg, was invited to a meeting, a convivium of reconciliation. The worthy members of the medical profession then and there seized their noble, but unsuspecting, guest, and pitched him through the window of a house four stories high, down into the street, Slavonian fashion. Paracelsus was picked up with a fractured skull and died in his house in the Platzerl, designated by a tablet in memory of him, also by a monument erected by the Bishop of Salzburg, designating the place of his burial in St. Peter.

Dr. Hering accepted nothing, rejected nothing, without first subjecting it to a prior careful examination. The Doctor's mode of thought, course, examination, and conclusions arrived at, are herewith illustrated in three different instances, easily understood and estimated.

(To be continued)

Our Medical Black List. The man who has made twenty-eight calls when he meets you at 2:30 p. m.

The fellow who has always had a more interesting case than yours.

The rhinologist who takes the confinement you want because "his old family" begged him to.

The gynecologist who won't touch general surgery.

The specialist who "Now, doctor's" me.

The man who begins his discussion of the paper of the evening with: "Mr. Chairman, I think the society is to be congratulated on its good fortune in hearing the excellent paper which has been presented."

The man who reports a long, uninteresting case at 11 p. m.

The chairman who tolerates the last.

The man who, in his discussion of a paper, refers to the thirty-seven cases reported by Quincke in the *Münchener Medizinische Wochenschrift*, of February 11, 1902, page 43.—*Medical Pickwick*.

DISTINCTIVE METHODS OF CANCER RESEARCH*

By H. W. Nowell, M. D., Boston

I have devoted my study to but one type of malignant disease, and that is the carcinomatous type, and I shall endeavor to place before you the distinctive methods of carcinoma research only. You will note that I have a broad field in which to roam about. Active research has been going on in all parts of the world since the disease was first named, and up to the present time who is able to judge whether the efforts have been worth while? Evidence shows us that growths of this character are on the increase in civilized lands. The reason for this seems to be a mystery. Many writers are of the opinion that bacterial life is responsible; others that modern food is responsible, and a few that heredity plays an important role. The nerve element in relation to the possibility of being the basic causative factor has been written upon but little.

In previous papers I have referred to the numerous theories of cancer causation; it seems hardly necessary to review the same at this time. I shall, however, discuss my theory as to the cause of carcinoma, for the positive determination of an etiological factor in carcinoma is essential to the solution of the major problem. The theory to be propounded does not deal with the problem in its entirety, but only with one or more phases of the mechanism of cancer production. We know that carcinoma is on the increase; to what extent do the modern methods of living influence this increase?—a question which requires a great deal of thought.

Let us consider the human body as a whole, and the demands that are placed upon it. We are composed entirely of cells; these cells vary in different parts, but the combined co-ordination produces the normal harmony of the healthy body. We know that with one exception there is a constant change in cellular formation, new cells being constantly produced, the older cells breaking down to form waste products, and as such eliminated. These changes are fairly constant, varying only in degree, during the different stages of life. The greatest change takes place in early life, gradually diminishing with advancing years. Ross claims that cell proliferation is due chiefly, if not entirely, to the action of chemical compounds upon the cell body. Probably these chemical compounds are the result of

*Bureau of Clinical Research, A. I. H., 1915.

cell death. In middle life there is a greater death of cells, this being in excess of cell production; hence the greater chemical reaction and also the greater demand upon the eliminative organs. This, together with the modern methods of living (food, social and business duties), increases the demands upon the body, especially the brain, the source of all nerve supply, by overtaxing the eliminative organs to such a degree that there is an excess of waste material in the body constantly. This waste is a toxin which seems to have direct action upon the nerve centers (the blood being the carrier); the toxin being constantly on the increase if not corrected. Now the exception, the brain cells remain constant; they increase in action only as they are called upon to perform certain kinds of work; in other words, they are trained to do their work. I will repeat, combined co-ordination produces the normal harmony of the healthy body. It is impossible for impulses to be normally received and transmitted from the brain when excess of toxin is present. The human body protects itself against foreign invasion of toxins in every form. The nature of this protective substance must vary with the character of the toxin. It has been definitely shown that bacterial toxins stimulate the increased production of a protective agent which destroys bacteria; hence there is reason that if the toxin can be isolated from the cells of carcinoma and shown to be specific, it should have a beneficial influence toward producing a protective substance when injected into the human body. It is the consensus of opinion that irritation is a factor in the causation of malignant tumors, but only so far as lowering the resistance of the local area is concerned. My work is based on the well-founded theory that abnormal metabolic conditions obtain during the development of malignant neoplasms, and that the deleterious influence of carcinoma upon the organism is due at least in part to the toxic products of such altered metabolism. I have reasoned that the food of morbid cellular activity should contain the toxic substances responsible for their continued growth and propagation.

A brief review of the distinctive methods of carcinoma research by the different men is permissible at this point. During the many years of research it is found that a greater number of the workers have spent their time studying cancer therapy, neglecting the first and most important step: etiology.

The majority of the various theories may be divided into

two groups; namely, that assigning the cause to bacterial or parasitic origin, and that based upon biological or chemical consideration. To the first class belong the long series of attempts to isolate some specific micro-organism, whether bacteria or protozoon, attempts which up to the present, at least, have failed to demonstrate conclusively any specific connection between the numerous organism exhibited and the establishment of the morbid process. The results of the searching investigation of Doyen's "micrococcus neoformans" would seem to show his contentions to be wholly without foundation. From time to time we hear that someone has isolated a specific parasite, the most recent announcement being made by Schmidt. Judgment must be suspended, however, until we have more definite information.

Dr. Peyton Rous in his recent work at the Rockefeller Institute for Medical Research has shown that the filtrate of a malignant sarcoma of the hen was capable, by subcutaneous injection, of establishing similar tumors in hens of the same species. While this work is most noteworthy, and may possibly place the parasite as the cause of sarcoma, it would also demonstrate the fact that the cause of carcinoma is from an entirely different source, since up to the present time there is no report of similar results obtained with tumors of the carcinomatous type. The assumption of the existence of an ultra-microscopic and hence at present not-demonstrable organism would seem to have a dialectic rather than scientific warrant in carcinoma at least.

Dr. J. Walter Vaughn has devoted considerable time to the study of specific cancer therapy, and has obtained definite facts of scientific interest. His work is based on the theory that through altered chemical nature the normal tissue cell changes into the malignant cell. This being so, he claims the chemical difference in the cell's protein content from a normal tissue cell should make it possible to sensitize an animal to one protein and not the other. The administration of the sensitized serum was discontinued since in over 50% of the cases in which it was tried, the serum complications rendered it impracticable. His next step was to ascertain whether the specific ferment could be obtained free from the undesirable serum proteins. This he claims to have isolated from the mononuclear leucocytes. The final product was given the name of anticancer globulins. He also uses a cancer cell vaccine.

Morton says of chemistry of the cancer tissue: "This hope is the more justified when we take into account the chemical constitution of cancer tissue. Without entering into details it may be said that there is some reason to believe that the cancer cell actually represents the antipodes of the normal somatic cell. It contains a heterolytic enzyme. It apparently draws its nourishment from the somatic cell, lives at its expense, and eventually destroys it. Neglecting the unquestioned fact of its remarkable facility of proliferation, there still remains this more remarkable quality of being able actually to tear down the albumins of the body cell—in fact, devour them. In this way, at least, we can best account for the inroads of malignant tissue into normal tissue. Mere displacement by abundant cell division affords an inadequate explanation. A number of observers in recent years have shown that the cancer proteins exhibit a high content of glutaminic acid, alanin, phenylalanin, diamino acids, and aspartic acid. This fact, as well also as the susceptibility of the tumor tissue to trypsin digestion, and its insusceptibility to pepsin digestion, has been cited as evidence that the tumor is of a specific character. According to Petry, the cancer cell has a ferment, acting in an acid medium. The reaction of cancer tissue is apparently acid, while that of the normal tissue is alkaline. In short, it would seem that the chemical composition of the cancer cell differs radically from that of the body cell."

It hardly seems necessary to consider the older theories of Ribbert, von Hansemann, Adami, Oertel, and Marchand, and many of the so-called parasitic theories. While these have proved of great value to the more recent research workers, they have failed to bring us any nearer the etiological factor. Some of the more recent work supporting the micro-organism theory has been done by Walker, of Buffalo, by which he believes that he has demonstrated that cancer is produced by a parasite of the earth-worm; and Fibiger, of Copenhagen, who reports that he has induced cancer in rats by feeding with parasites of cockroaches. Such varied reports received from the many workers would seem to be the greatest argument against the parasitic theory.

Bristol says: "All theories associated with strict morphology, biology or bacteriology have, up to the present, failed to explain the cause or causes of cancer and other growths. It

would seem, then, that the problem should be studied from a different viewpoint."

Of the older theories, Marchand's may have come nearer to the solution of the problem than any of the others. "Ringer and Loeb discovered that certain inorganic salts are absolutely essential for the proper metabolism, development and reproduction of the cells of the body, and that these constituents must exist in the blood, lymph and tissues in a constant proportion if cell activity and reproduction are to be maintained."

Based upon the above theory, advocates of the cause being due to the absence of these salts as the result of modern food have published many articles advising the use of foods containing the proper amounts of these salts as one of the best means to overcome the cancer problem.

"As a result of some interesting and valuable experiments done by Carrel of New York on the cultivation and development of certain body tissues in suitable media outside the body, the following conclusions have been reached: 'Normal blood plasma is not the best or "optimum" medium for the growth of tissue or organs, each of which probably has its own optimum medium not attained in the body under normal conditions. Slight modifications of the tension, the alkalinity or the addition of certain inorganic salts to normal plasma increases the rate of growth of tissues.'

"If this is true of tissues, must it not be true of the individual cells of tissues? Thus we must assume that an individual epithelial cell or connective tissue cell is in a medium, the blood plasma or lymph, which under normal conditions is not influencing the rapidity of growth of such a cell as much as it really has the power of doing when the surrounding plasma or lymph has been even slightly changed in tension, reaction, and inorganic salt content. May not tumor cells be an 'optimum local growth' of cells because of an 'optimum local chemical medium' in which they exist? If there is a parasite which causes cancer, or any other tumor, it would seem that the *individual cancer, or tumor, cell is the parasite*, and that an influence is brought to bear on a normal cell which causes it to take on a parasitical existence. As suggested above, this is possibly a *chemical* influence from the neighborhood, or local medium in which the cell exists, and it acts by markedly changing the molecular structure and entire nature and metabolism

of the cell itself, a change which is transmitted possibly to the 'daughter' cells.

"Abderhalden, who has done such excellent and important work in the field of physiological chemistry, has the following to say on the chemical constituents of the cell and its surrounding medium in relation to cell growth and character: 'It is possible that a body cell may retain its individual nature *only with difficulty* if for any reason its chemical nature and function become seriously altered, and the progeny of such a cell will possess the characteristics of the mother cell so that gradually a whole cell complex will develop, which is of a nature foreign to the entire organism and to its metabolism, and in fact the metabolic end products of this new cell complex may exert a disturbing influence upon the metabolism of the remaining cells of the body.'

"Apparently there is a connection between these cells and the mother soil—we refer especially to sarcoma and carcinoma—for it has been frequently doubted whether such cells can be successfully transmitted to organisms of a different species. We are, in making these suggestions, very far from explaining the formation of these peculiar, atypical tissues. We only wish to bring forth the fact that with the further development of physiological chemical knowledge new tasks will be set, and that even problems of purely morphological investigations will, in the course of time, become closely allied to those of physiological chemistry. If it is once found possible to compare the metabolism of the cells of a cancer, or other malignant growth, with normal cells, we may certainly expect to obtain a more accurate insight into the nature of such mysterious processes.'"

Bristol, in his summary, has suggested, "The changes in local chemical environment may influence the growth of neighboring cells by causing them to take on increased permeability, absorptive powers, and oxidations, and lead to accelerated activity and growth, even to malignancy." His paper, entitled "Newer Ideas Concerning the Problem of Cancer Etiology," is well worth consideration and careful reading by all those interested in solving the problem of cancer etiology.

My theory was formulated during the early part of 1908. I then regarded that when normal cells are excited to pernicious activity, it is due to the presence of an abnormal chemical

substance within the cell which has direct action upon the nerve centres, regulating cell growth. If this theory of the origin of carcinoma be correct, then the tissues undergoing these pernicious changes should contain the toxic substances responsible for their continued growth and propagation. My original method of procedure was somewhat unique but based upon scientific principles.

Working from my theory already stated, I attempted to isolate the toxic substance which it seemed the cell must contain. By various extractive procedures, in previous papers detailed, I obtained a highly poisonous end product from carcinomata which has been found capable of causing in rabbits, neoplasms closely simulating those from which the poisonous substance was derived. From observation it would seem that the poisonous residuum exhibited antigenic properties resembling those of the true or soluble toxins, since by repeated injections of sublethal doses into rabbits there was obtained an "immune" serum which served effectually to protect normal animals when injected with lethal doses of the carcinoma "toxin."

During the summer of 1914, dogs were used for experimental work. The solution given intravenously instead of subcutaneously; as with the rabbits, the lethal dose was found to act the same but much more slowly than when injected subcutaneously. As a result of this work it was found that dogs could be made immune to lethal doses of the toxin. Further work will be carried out upon these animals.

The problem of passive and active immunization of the human carcinomatous patient was attacked and a brief preliminary report offered. It has been found that a solution of the carcinoma toxin, each c. cm. containing .00002 gms. of the actual substance, when administered hypodermatically at intervals of from five to ten days, depending upon the patient, for five successive doses, has produced evidence of an active immunization. This can be definitely proven only by a lapse of several years, or by a blood test, using the Abderhalden method, which no doubt will be made possible in a short time.

It is evident that this substance isolated by my method of procedure does have a specific action in carcinomatous cases, and further necessary work to determine the dosage and method of administration to receive the best results must be by clinical observation.

Let us weigh carefully the many theories advanced and consider the results of the research work, using these theories as a working hypothesis, and I believe we shall find that the above theory, as suggested by me, will have the balance in its favor, and that it will prove to be the most valuable working hypothesis for future research workers in solving the problem of cancer etiology, which will be the first step in preventive medicine in relation to this disease.

"Missouri." There bobbed up in Chicago late one afternoon a diminutive type of the messenger who found Garcia. He was somewhat unkempt, also hungry and willing to work. He walked into the Postal Telegraph office and asked for a job.

He said his name was "Missouri"—and he looked it.

The manager happened to want a boy just at that moment and he gave him a message that had to be delivered in a hurry. The day before he had had a message for the same party. A gruff building watchman, it appears, balked the messenger on his errand. There was a kick to the Postal officials.

"Get a boy who can deliver our messages," said the irritated one, "or we'll try some one else."

"Here's your chance, my boy," said the manager, as he handed "Missouri" the telegram. "These people have been kicking about undelivered messages. Now, don't come back until you have delivered it."

A little while afterward the telephone rang. It was a hurry call for the manager.

On the other end of the wire there appeared to be a building watchman, somewhat terrified.

"Have you got a boy they call 'Missouri'?" inquired the watchman.

"We did have ten minutes ago," replied the manager.

"Well, say," yelled the watchman over the wire, "he's a tough guy."

The manager waited a moment. The watchman continued:

"That 'Missouri' feller came over here and said he had to go to one of the offices. We don't allow no one up at that office at this hour and I told him he couldn't go."

"Yes, yes," said the manager.

"Well," said the watchman, "he said he would go, and I had to pull my gun on him."

"But you didn't shoot him?" exclaimed the manager.

"No," meekly came back the response over the wire, "but I want my gun back."—*Chic. Tribune.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D.

EDITOR

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EDITORIAL.

National Licensure. The July issue of THE JOURNAL presents the business and the Monday evening address of the Institute President. The attention of the reader is particularly called to the paragraphs on national licensure. The formal recognition by the United States government of the physician holding a license to dispense narcotics, ought to be also a recognition of that practitioner's right to practice medicine anywhere within the boundaries of this country. It has been the custom to publish in this issue also the addresses of the chairmen of bureaus. Strict adherence to this custom has invariably delayed publication. Therefore only so many of these addresses appear in this issue as have reached the Editor's desk on the usual day of going to press. In response to the request to make July a special cancer number, several papers on cancer written to be read at the 1915 session of the Institute, appear in this issue. It is obvious that the hopeful feature in cancer is the prevention of initial trauma, the early recognition, and prompt activity in therapeutic measures.

S. M. H.

The Physician as an Educator. THE JOURNAL has heretofore commented on the inadequacy of the undergraduate medical course in its instruction in the diagnosis and therapeutics of the early stage of mental illness. As in cancer and all other grave diseases, the early stage is the period of greatest hopefulness. Almost daily the physician has an opportunity to observe that mental illness is passed by unrecognized. The patient is dismissed under such lying phrases as "nervous," "run down," "queer," "hysterical," "hypo." Too often it happens that the real nature of the illness is not recognized until the patient becomes the subject of hospital care. Preventive medicine ought to recognize these early deviations from normal. Even after a patient is committed to a hospital, if he has the good fortune to come under a skilled attendant, there is extraordinary improvement. Recently the writer received an announcement of the graduation of a class of nurses. In that class was a woman who twenty years ago was in the "chronic" ward, that is, the ward for such patients as had been judged incurable. The hospital was a state hospital in the East, under homœopathic control. The superintendent was a man who believed in individualization, the physician in charge of the ward was primarily an educator. After a couple of years, the girl was sent home for a visit, and later dismissed. She kept in touch with the physician who had given her a start in mental control. For many years she occupied herself with domestic work. Finally she took the nurses' course with a good record. She has limitations. She cannot manage other nurses. She cannot work in a crowd. But thanks to the painstaking work of an eager student and teacher in mental hygiene, she is economically independent instead of being an inmate of a state hospital for the insane.

The Illinois Society of Mental Hygiene is doing the same kind of work. Since moving into their new quarters on Ohio street, they have a loom for weaving, a bench for cabinet making, classes in sewing, and always individual attention given to the applicant with impaired working facilities. Restoration

from a forlorn dependence to partial or entire independence is a story of daily record.

The June issue of the *Interstate Medical Journal* has a suggestive paper on "Re-education as a Factor in the Treatment of Dementia Praecox." The attitude of the writer, Dr. Edward F. Leonard, is thus set forth: "In this form of insanity, the emotions, attention, will-power, and association of ideas undergo a systematic disintegration, while the memory, orientation and power of comprehension are preserved or but slightly affected. Because of this fact, as well as that it generally attacks the youthful, the writer felt that an educational regime would be beneficial." The story is the recital of an experiment in re-education, covering a period of five years, a reading class conducted by one of the patients. Later, the reading circle became a study class. The discipline thereby gained by the pupil-teacher was the first step to the re-establishment of mental health. In the article cited, little is said of the skill of the attending physician, but the observant reader knows full well that the success of such an experiment depends upon the peculiar qualifications of the educator. In Dr. Leonard's own words, "Special teachers well versed in child training should be employed, if the re-education treatment is undertaken, for it is necessary to reward, commend and rekindle the spirit of emulation in these patients as one would in a child." S. M. H.

The Municipal Tuberculosis Nurse. The visiting nurse is another instance of the possibilities in public health instruction which counts for efficiency. Upon petition Los Angeles has voted to employ one such salaried nurse per one hundred reported cases of tuberculosis. The well-equipped nurse of today is better equipped to direct the care of half the acute illnesses of a community than was the physician who was graduated forty years ago from a twelve months' medical course. The nurses who are taking special courses for such sociological work are generally women of uncommon qualities. Mediocre nurses drop out of that kind of work, if by mischance they are

enlisted. Dr. George E. Malsbary, Editor of the *Southern California Practitioner*, was sponsor of the petition to the city council. The petition received 20,000 signatures and passed by a vote of 47,359 to 25,681. *S. M. H.*

Resignations Desired. Almost daily you are asked to join something or other, or contribute to this or that, so it must be a relief to be asked to resign from something and to stop contributing your influence to its support. The organization we have in mind has for its initiation fee, Loss of Self Respect, and its annual dues are Disloyalty to your National Organization. Can you afford this yearly drain upon your spiritual and mental wealth? You can not. So resign at once, and use your influence to make your brother and sister homœopath do the same. Resign from the **What-Has-the-Institute-Done-For-Me-I-Have-Done-Nothing-For-It Club.** *R. H. S.*

A. Worrall Palmer. It is scarcely a year since Dr. Palmer surrendered the active management of the *O. O. and L. Journal*. The message of his death, June 10th, will bring sorrow to a large circle of friends.

The Business of Play. The August JOURNAL will present as its leading feature a group of papers on Play. The subscriber who is so fortunate as to be at play will be excused for leaving his magazine unopened.

The American Journal of Surgery has recently been made the official organ of the Interstate Association of Anesthetists. In May, the New York Association of Anesthetists took a similar action, thereby uniting with the American association, the Scottish Association and the Providence Association. The supplement on Anesthesia published in this journal demonstrates the growing recognition of this adjunct to surgical procedure.

GENERAL NEWS

Alaska. Dr. Harry C. DeVighne, at Juneau, Secretary of the State Board of Health, announces examination for licensure, July 6.

California. Dr. Charles B. Pinkham, Secretary of the State Board of Health, conducted the examination for licensure, June 15 to 18.

The state society meeting was uncommonly well attended. The Exposition is calling loud to all vacation seekers. Every Californian has the opportunity of seeing scores of Eastern friends.

Illinois. Dr. Richard N. Foster, one of the Seniors of the Institute, and a man who has trained many a medical student, announces twelve commandments as the basis of his own long life and commends them to the younger folk: Avoid excess, in eating, drinking, working, hurry and worry. Make your work something that links up with the common good. Balance your work with sleep and recreation. Dress primarily for use and comfort.

Dr. Julia Holmes Smith, another Senior of the Institute, assumes once more the responsibility of a house; this time at 632 Aldine Avenue.

Rockford, on the lovely Rock river, boasts two excellent houses of recuperation. Dr. Katherine James has a delightful place with terrace down to the river. The electrical equipment meets every demand of present day electrotherapy. Dr. G. A. Weirick, superintendent of the Broughton Sanitarium, gives especial attention to drug addicts. By sensible and humane treatment, the health and will power are re-established.

Hahnemann Medical College presents a summer session in graduate courses in anatomy, under Dr. Ford; histology and physiology under Dr. Harpel; chemistry under Drs. Blake or Toren; pathology under Drs. Wilson or Rosenberg. The fees range from thirty to fifty dollars. Here is an excellent opportunity to brush up for advanced work in practice as well as for state board examinations.

The Lincoln Park Sanitarium for sick babies opens its ten weeks of service June 28th. Dr. Joseph P. Cobb is Chief of Staff, and Dr. Rhoda Pike Barstow, Superintendent. There are few changes in the attending staff. Each physician gives a service of two weeks, spending a half day each day. By this arrangement, there is a practically continuous service rendered by the attending staff. The new building was not constructed as had been planned, so the old building will have to serve yet another year.

Dr. E. C. Sweet, the long-time treasurer of the Illinois

Homœopathic Association, has changed his residence to 5619 South Boulevard.

Dr. E. L. Cavenee (Chic. Hahn., 1913), has received an appointment in the Chicago unit for medical service in the British army. The unit comprises thirty-two doctors and seventy-five nurses, organized in Chicago under the command of Dr. James M. Neff, of Spokane, Washington, and Dr. George B. Davis of Chicago. Miss Isabelle Patten is in charge of the nurses.

Dr. Stewart J. Fitch is on a vacation trip of three months to the Pacific coast.

Mrs. Lillian Knowles, business manager of the *New England Medical Gazette*, stopped in Chicago a few hours recently on her way to Seattle.

Maine. The State Society was host to several Massachusetts guests at its recent annual session: Drs. E. P. Colby, Edward Allen and John P. Sutherland of the faculty of the Boston University Medical School, and Dr. Clifford D. Harvey of Dorchester, all of whom presented papers. At the evening banquet Dr. D. P. Flanders of Belfast, a member of the Society since 1867, and a member of the Institute since 1869, recounted stories of the early days of homœopathic practice in Maine. Next year will be the Jubilee Year of the Maine Society. Augusta is the place, and June 13th the day.

The following officers were elected: H. H. Plumer, President, of Union; Luther A. Brown, First Vice-President, and F. A. Ferguson, Second Vice-President, both of Portland; John A. Hayward, Recording Secretary, Camden; Carrie E. Newton, Corresponding Secretary, Brewer; W. S. Thompson, Treasurer, Augusta. The Censors are R. F. Morin, E. S. Abbott, Geo. H. Rand, A. I. Harvey, M. S. Holmes. The Committee on Legislation, John T. Palmer, C. A. Eaton, R. N. Randall, Luther A. Brown, J. Frank Trull.

Michigan. The Homœopathic Faculty at Ann Arbor kept open house at the Administration Building during Commencement week. Wednesday, June 23rd, was clinic day at the hospital.

Minnesota. Dr. and Mrs. Henry C. Aldrich have made an extended trip through the west. They spent three days in Portland, Oregon, the guests of Dr. Byron Miller, then to San Francisco, in time for the California state meeting in June, returning by way of St. Louis, for the meeting of the Missouri Institute.

Dr. Ida J. Brooks of Little Rock, Ark., has been appointed superintendent of the Maternity Hospital, in place of Dr. Margaret Beeler, who has returned to her Denver home. After her medical training in Boston University, Dr. Brooks gave ten years of service in the Westboro (Mass.) Hospital. She has

been medical inspector of the public schools of Little Rock, director of the psychopathic clinic of that city, and during the past year gave a course of lectures on medical sociology in the Medical School of the University of Arkansas. The Maternity Hospital was established under the direction of Dr. Martha Ripley, also a Boston University woman, and a member of the Institute until her death. The hospital now is controlled by a board of women, staunch in their advocacy of homœopathic therapeutics, and enlisting the professional service of Drs. Ethel and Annah Hurd.

Missouri. The Pre-Convention number of the *Missouri Bulletin* is a brilliant advertising sheet. The special train from the Institute in St. Louis to the Institute in Chicago was a success. There is no doubt Missouri is on the map. Among the guests at St. Louis were Drs. Miller, Aldrich, Sawyer and Burrett.

At the Commencement of the Kansas City Hahnemann College, Dr. Charles E. Allen, president of the board of directors, presented the diplomas. The banquet of the alumni of the associated colleges was given at Belmont Hotel. Dr. Edgar W. Johnson was toastmaster, giving the welcome to the graduating class, to which Dr. Otto E. Schoenfeld replied for the class. Mrs. Herman H. Thym, Mrs. A. C. Callahan, Mrs. Andrew H. Starcke, Mr. Thoman Holdsworth and Mr. J. R. Gregg contributed to the evening's program. Dr. Thomas H. Hudson, Dr. J. A. L. Waddell, Mr. Edmund E. Morris and Dr. William Davis Foster spoke in behalf of the new college.

The following officers were elected to serve the alumni association for the ensuing year: H. H. Thym, Kansas City, Missouri, president; Clay E. Coburn, Kansas City, Kansas, vice-president; A. H. Starcke, Kansas City, Missouri, secretary-treasurer.

New York. Dr. Abraham Jacobi's address at the recent meeting on birth control at the Academy of Medicine has won the commendation of all social workers of modern thought. Other speakers were Drs. Bisch, de Vibliss, Wile and Robinson.

Dr. Jos. H. Fobes announces office hours during the summer on Tuesday and Friday only.

Ohio. The College of Homœopathic Medicine of the Ohio State University made its first University commencement memorable by repeating the enthusiasm of the December Hospitality Day. Graduates of the Cleveland and Pulte schools made the day an opportunity of recognition of their foster Alma Mater.

The University ball game between the faculty and seniors was a feature of Class Day, followed by the oratorio "Elijah," given by the University Choral Union. In the evening of Class Day, the Browning Society presented "Romeo and Juliet."

The Alumni Luncheon came off at the Ohio Union with speeches and music. The Pomereene loving cup was presented to the class having the largest proportion of membership present on Alumni Day. This was followed by a reception to President Thompson and the Trustees in the University Library. The graduating exercises were in the Armory. Charles E. Jefferson, D. D., New York City, gave the annual address.

The Pi Upsilon Rho fraternity had an old time get-together in Columbus, May 25th, with short speeches and initiation.

Pennsylvania. Dr. Samuel G. Dixon, after ten years of service as Commissioner of Health in Pennsylvania, has been re-appointed by Governor Brumbaugh. Under Dr. Dixon's direction, the Department of Health has achieved a place of distinguished rank among public health organizations. During these ten years tuberculosis has fallen from first to second place as death cause. Typhoid has decreased more than 75 per cent, while the population has increased more than a million. During this same period the bureau of vital statistics has recorded with all associated data, the birth of 1,767,000 babies.

Fort Pitt Hotel entertained the Allegheny County Society in May. Dr. William R. Williams, Associate Professor of Medicine in Philadelphia Hahnemann, was the guest of the evening, and presented a scholarly paper on "Digitalis: Its Use in Heart Diseases."

Dr. J. T. Burnite, formerly at the Keystone Hospital, has located at 1718 State St., Harrisburg, for general practice.

Dr. J. A. Stegman succeeds to the practice of Dr. Landreth W. Thompson in Philadelphia.

The regular meeting of the Allegheny County Homœopathic Medical Society was held June 16th in the Wallace Laboratory of the Homœopathic Hospital, Pittsburgh, Pa. Dr. W. B. Shepard read a paper entitled "Clinical Report on Selected Cases," dealing with ulcers and cancer of the stomach. The paper was discussed by Dr. F. S. Morris. Dr. F. V. Woolbridge read a paper on "Personal Experiences with Twilight Sleep," and Dr. Ed. A. Pitcairn presented a paper on "Surgical Treatment of Wounds."

Twenty-two men were graduated from Hahnemann of Philadelphia on June 3d. Two days of ward clinics were a feature of commencement week.

The following additional changes in the Faculty at Hahnemann Medical College were recommended by the Governing Faculty on May 7th, 1915: C. A. Bigler, Associate Professor of Rectal Diseases; P. A. Tindall, Demonstrator of Ophthalmology; J. V. P. Clay, Demonstrator of Otology; F. O. Nagle,

Demonstrator of Ophthalmology and Ophthalmological Pathology; D. W. Horn, Lecturer in Hygiene.

Wisconsin. The state meeting of the Wisconsin society was one of record. Every essayist was on hand with a paper carefully prepared. The Milwaukee press was generous in allotment of space and Hotel Wisconsin was a gracious host. The hospitality of the Wisconsin society makes the May meeting a pleasant holiday for guests from the neighboring city to the south.

OBITUARIES

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.—Briggs.

William L. Breyfogle, M. D., aged sixty-eight, died in San Francisco, June 15th, after three days' illness of pneumonia. In accord with his request, after cremation, the ashes will be brought to the family burial place in Columbus, Ohio.

Dr. Breyfogle was our president from Kentucky. His home was in Louisville, and his year of service was 1881-1882, with the session at Indianapolis. He joined the Institute in 1873. Later in life, Dr. Breyfogle turned his attention to railroads and was the first president of the Chicago, Indianapolis and Louisville Railroad.

Arthur F. Bissell, M. D., aged eighty-nine, the oldest senior in the Institute, died in New York City, April 28, 1915. A member of the Institute since 1853.

Alonzo P. Bowie, M. D., died in Uniontown, Pa., in April. Dr. Bowie demonstrated his confidence in bedside clinical teaching by always having a recent graduate in his office. During the past thirty-two years he had twenty-six assistants. A member of the Institute since 1871.

George W. Spencer, died at the City Hospital in Cleveland, May 1st, 64 years. Graduated from the University of Michigan, 1878; member of the faculty of the Cleveland Homœopathic Medical College and of the staff of the City Hospital. Member of the Institute since 1912.

Charles N. Shellenberger died at Colorado Springs, April 29, 1915, aged 58 years. Graduated from Pulte Medical College in 1878. Member of the Institute since 1893.

Silas W. Darrow died at Brockport, N. Y., May 5, 1915, 68 years. Cleveland Homœopathic College, 1877.

A. Worrall Palmer died in New York City, June 10, 1915. A member of the Institute since 1892.

SOCIETY PROGRAMS

Maine Homœopathic Medical Society, June 8, 1915, at the New Augusta House, Augusta. Reported by John A. Hayward, Recording Secretary.

- Homœopathy and the Child.....W. H. Kennison, Madison
 The Fundamentals of Homœopathy.....W. Scott Hill, Augusta
 Homœopathy in Surgery.....A. I. Harvey, Bangor
 The Duties of the Mature Physician to the Immature Child.....
E. P. Colby, Professor of Nervous Diseases, B. U. S. M.
 The Present Clinical Facilities Offered to Students in Boston University School of Medicine..Edward E. Allen, Registrar of B. U. S. M.
 Pain in the Right Lower Abdominal Quadrant.....
Clifford D. Harvey, Dorchester, Mass.
 Reminiscences.....D. P. Flanders, M. D., Belfast
 Disease-Producing Powers of Food.....
John P. Sutherland, Dean of B. U. S. M.

CHANGE OF ADDRESS

From Membership List in JOURNAL, November, 1914.

- | | Moved to |
|-----------------------------|---|
| Almfelt, Gustavus A..... | 354 Park Ave., Kenosha, Wis. |
| Becker, H. E..... | Ill. State Bk. Bldg., Quincy, Ill. |
| Beeler, Margaret H..... | 1536 Welton St., Denver, Colo. |
| Burnite, J. T..... | 1718 State St. Harrisburg, Pa. |
| Cattron, Wm. O..... | Times Bldg., Pekin, Ill. |
| Clarke, Wm. B..... | 348 N. Hamilton St., Indianapolis, Ind. |
| Collins, Paul A..... | 229 W. Hanover St., Trenton, N. J. |
| Fama, Charles | 247 Bedford Pk. Blvd., Bronx, New York, N. Y. |
| Fischer, John A..... | 4647 York Road, Philadelphia, Pa. |
| Griggs, Oscar P..... | 226 Main St., Ashtabula, Ohio. |
| Harvey, Wm. S..... | 104 S. Michigan Blvd., Chicago, Ill. |
| Hollister, Frederic K..... | Easthampton, L. I., N. Y. |
| Howell, Edwin P..... | Dickinson, Texas. |
| Lerigo, Charles H..... | 918 Kansas Ave., Topeka, Kans. |
| MacManus, Mary W..... | 1475 Pearl St., Denver, Colo. |
| Moore, Alfred M..... | 612 Mack Block, Denver, Colo. |
| Schlesselman, George H..... | Tomah, Wis. |
| Smith, Julia Holmes..... | 632 Aldine Ave., Chicago, Ill. |
| Sturges, Gertrude E..... | 265 W. 72nd St., New York, N. Y. |
| Sweet, E. C..... | 5619 South Blvd., Chicago, Ill. |
| Vessie, Percy R..... | Collins Center, N. Y. |
| Worcester, George F..... | Box 467, Merrimac, Mass. |

BOOK REVIEWS

How to Use the Repertory. With a Practical Analysis of Forty Homœopathic Remedies. By Glen Irving Bidwell, M. D. 156 pages. Cloth. \$1.00, net. Philadelphia: Boericke & Tafel. 1915.

This is a little book which invites the student of internal medicine along pleasant paths of study in materia medica. Frankly acknowledging the big task of becoming a master in materia medica, the author in a matter-of-fact fashion starts with the simple statement, "Homœopathy is from beginning to end an art of individualization." He then proceeds to give explicit directions for taking the case, selection of the remedy and administration of the remedy. The old phrase, "We do not care about the diagnosis" is sure to arouse some of the old-time criticism. "Diagnosis" means more than mere naming a disease. And to reject all that the word diagnosis implies is as superficial as to say, "We do not care about rubrics." To give diagnosis its proper place in the day's work is as important for the internist as for the surgeon to recognize other measures of relief than by the knife. The author of this helpful handbook places the repertory in its proper place when he says, "It must never replace our constant study and use of the pathogenesis of our remedies; it should be used as an index to lighten the task of memory." S. M. H.

Medical Ethnology. By Charles E. Woodruff, A. M., M. D. Author of "The Effects of Tropical Light on White Men" and "Expansion of Races"; Associate Editor of *American Medicine*; Lieutenant-Colonel U. S. Army, Retired; Member Therapeutic Association; Fellow Medical Association of the Greater City of New York; Member American Association for the Advancement of Science. 321 pages. Rebman Company, New York. \$2.00.

The reader who is familiar with Dr. Woodruff's "Expansion of Races" will not be surprised to read under the caption of "Ethnic Psychology," "It (the present war) is merely a continuation of the old struggle between Slav, Teuton and Celt, for the control of more of the world, which has been going on ever since the first Aryan left Arya." The book is interesting, wonderfully interesting from start to finish. The work was begun as a revision of the first edition of "The Effects of Tropical Light on White Men." The rapid accumulation of data on the high death rate of migrants, and the recognition of biologic law in humans as well as in other living forms, has extended the compass of the work to ethnology. Medical literature is frequently cited and practical suggestions to physicians for the individualization of cases occur on every page.

The theme of the book is constantly reiterated, "Acclimatization is impossible if one goes far from his zone." The restless, blond Aryan, migrating south, always paid the penalty by death. . . . He must stick to his zone. He may migrate east and west, but not north or south." There is an ethnic reason why the individual goes back to his native en-

vironment to recuperate. There is an ethnic reason, too, why, in this conglomerate country, the city should be ruralized by free breathing places, and why the country districts should be given some of the urban facilities. *S. M. H.*

A Practical Treatise on Diseases of the Skin. By Oliver S. Ormsby, M. D., Professor of Skin and Venereal Diseases in the Rush Medical College, Chicago. Octavo, 1168 pages, with 303 engravings and 39 plates in colors and monochrome. Cloth, \$6.00, net. Lea & Febiger, Publishers, Philadelphia and New York.

To link the name of Ormsby with Nevins Hyde and Frank Montgomery is in itself guarantee of the general make-up of this work on dermatology. It is a typical, conservative old-school book, flawless in its physical presentation, with numerous and beautiful illustrations. Turning to "Pruritus" for the latest word of the dermatologist on this exasperating complaint, it is defined as "a sensory neurosis, with itching, burning, smarting, without lesional changes"; under etiology,—"essentially a symptom of some disturbance of the nervous system." And, yet, under treatment, only four lines are given to that wonderful field of radiotherapy, while as many pages are given to traditional (and so often futile) measures, and never a line to homœopathic therapy (similarity of symptoms), for this ailment which is "essentially a symptom." Here is a promising field for Dr. Bidwell's suggestive handbook, "How to Use the Repertory." *S. M. H.*

Diseases of the Digestive Organs. With Special Reference to their Diagnosis and Treatment. By Charles D. Aaron, Sc. D., M. D., Professor of Gastro-enterology in the Detroit College of Medicine and Surgery; Consulting Gastro-enterologist to Harper Hospital. Octavo, 790 pages. Illustrated with 154 engravings, 48 roentgenograms and 8 colored plates. Cloth, \$6.00, net.

Roentgen ray exploration has made internal medicine well-nigh as spectacular as surgery. The precise knowledge to be gained through this adjunct has revolutionized the study of the internist. Each subject is presented from the standpoint of intimate relation of the parts to a whole. The chapter on diet is particularly good. *S. M. H.*

Outlines of Internal Medicine. For the Use of Nurses. By Clifford Bailey Farr, A. M., M. D., Instructor in Medicine, University of Pennsylvania; Assistant Visiting Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital. 12mo., 408 pages, illustrated with 71 engravings and 5 plates. Cloth, \$2.00, net; Lea & Febiger, Publishers, Philadelphia and New York, 1915.

It was a happy thought of the author to make Part I the presentation of nervous and mental diseases, and in language that the laity can understand. The book as a whole presents its subject in language and method admirably suited to an intelligent lay public. Such a book published serially would be an improvement upon most of the stuff presented in the daily press health columns. *S. M. H.*

PENNSYLVANIA BUREAU OF MEDICAL LICENSURE

JUNE, 1915

PHYSIOLOGY—PATHOLOGY—BACTERIOLOGY

1. Given a case of suspected anemia, outline the laboratory tests for confirming the diagnosis.
2. Given a case where continuous fever is a prominent symptom, outline the laboratory tests that would aid in clearing up the diagnosis.
3. In acute lobar pneumonia (croupous pneumonia) detail the local conditions, the determining cause of these conditions, and state briefly the effect on the normal functions of the lungs.
4. Describe the method pursued in the preparation of autogenous vaccines.
5. Describe the lesions, name the causes and outline the technic of a method of demonstrating ophthalmia neonatorum.
6. Describe the processes of the death of bone and the sequela of such conditions.
7. Name and describe two pathological lesions which may have as a symptom hematemesis. Outline the laboratory tests that would aid in differentiating the above lesions.
8. Differentiate by laboratory methods acute parenchymatous nephritis from chronic interstitial nephritis. Describe the lesion in each condition.
9. In chronic interstitial hepatitis, detail the local condition, and state briefly the effect on the normal functions of the liver and on digestion.
10. Outline the tests for diagnosing tuberculosis aside from physical examination.

SYMPTOMATOLOGY—DIAGNOSIS—TOXICOLOGY—MEDICAL JURISPRUDENCE

1. Enumerate the symptoms of diabetes insipidus and differentiate it from diabetes mellitus and chronic interstitial nephritis.
2. Enumerate the symptoms of pernicious anemia. By the blood picture, differentiate it from malaria and from syphilis.
3. Enumerate the symptoms of gall stones and differentiate them from those of renal calculus.
4. Enumerate the symptoms and physical signs of aneurism of the thoracic aorta. (a) The ascending portion of the arch; (b) The transverse arch; (c) The descending portion.
5. Enumerate the symptoms of glaucoma and differentiate it from hemorrhage of the retina.
6. What is acute rheumatic fever? State in detail the symptoms diagnostic of the same.
7. Enumerate the physical signs and symptoms of acute plastic pericarditis and differentiate it from aortic murmur.
8. Enumerate the symptoms of perinephritic abscess.
9. Enumerate the symptoms and name antidotes in poisoning from (a) morphin, (b) strychnin, (c) atropin.
10. In a suspected case of criminal abortion how would you determine that pregnancy had existed?

OBSTETRICS AND GYNECOLOGY—PHYSIOLOGICAL CHEMISTRY

1. Name four abdominal enlargements which might be mistaken for pregnancy (after the seventh month) and in each case outline the differential points from advanced pregnancy.
2. Should a woman with a deformed pelvis (early in pregnancy) engage your services, by what various means might you aim to secure her a living child? In each instance (method) what may be the limits of measurements of the true conjugate?

3. If a woman in labor should suddenly develop symptoms of collapse or shock, name three causes which might be responsible for the condition. How would you recognize the condition present and how would you manage the case in each instance? (Omit description of operations.)
4. How would you deduce the presence of early uterine cancer: (a) of the cervix? (b) of the fundus? State the method of treatment you would adopt in each case and reason therefor. (Omit description of operations.)
5. If a woman consults you as to her future confinement and places herself under your care up to the time she falls into labor, detail the steps you must take in order to secure her safety. (State in detail any tests that should be made.)
6. Give the differential diagnostic points between the following conditions: Pyosalpinx; extra-uterine pregnancy; retro-displacement of a non-gravid uterus; retained fecal contents of the rectum.
7. If a woman presents herself upon whom presumably a criminal abortion has been committed in the early months of pregnancy, how will you tell whether or not the uterus is empty? What two symptoms are of the most importance? Discuss the significance and remote possibilities of each. State proper method of treatment in such a case.
8. Discuss the chemistry of respiration.
9. Name the principal enzymes of the gastro-intestinal tract and indicate the function of each.
10. Discuss proteins from the following standpoints: (a) Occurrence, (b) Importance, (c) Composition.

ANATOMY—SURGERY

1. Give a general outline of the treatment of gun-shot wounds of the abdomen.
2. In injuries to the abdomen, such as from pressure between car bumpers or heavy crane, describe the traumatisms that should be borne in mind. Outline the treatment of any one condition selected.
3. In supracondylar fracture of the femur: (a) What is the usual deformity? (b) What is the anatomical explanation of that deformity? (c) Outline the treatment.
4. In fracture of the surgical neck of the humerus: (a) What is the usual position of the fragments? (b) What is the anatomical explanation of the same? (c) Outline the treatment.
5. Describe the etiology of hare-lip. Outline a method for its cure.
6. What are the varieties of gastric ulcer? Without details, outline symptoms and conditions that would indicate the need of surgical intervention.
7. In inguinal hernia, what are the varieties, basing classification upon: (a) Mode of exit? (b) Degree of descent? (c) Contents? (d) Congenital or acquired? Give a general outline of a method for radical cure.
8. In fractures of the skull what are the varieties? What are the indications for surgical intervention?
9. What is the usual position of the foot in Pott's fracture? What causes it? How should this injury be treated?
10. Describe and discuss the courses and varieties of the various bands and veils known under the general terms of "Lane's Kinks" and "Jackson's Membrane."

PRACTICE AND MATERIA MEDICA AND THERAPEUTICS— HYGIENE AND PREVENTIVE MEDICINE

1. Outline the treatment of a case of tertian malarial fever in a child of ten years of age and in an adult. Give the reasons (indications) for the remedies used.

2. What means and measures would you adopt in efforts to destroy mosquitoes known as agents in malarial infection?
 3. What dietetic instruction would you give preparatory to the treatment of a case of tapeworm? Name three remedies that might be used in such a case and their effect. Give dose of each.
 4. Outline the hygienic, dietetic and medical treatment of a case of rickets.
 5. Outline the therapeutic indications in the treatment of a case of acute gout. State the reasons for the employment of each drug.
 6. Outline the local and internal treatment of erysipelas, giving the reason for the employment of each agent used.
 7. What measures and means would you adopt in the prevention of typhoid fever and explain the reasons for each?
 8. Outline the treatment of a case of laryngeal diphtheria in a child of ten years of age and give indications for all remedies.
 9. How would you manage a case of hay fever and give reasons for each remedy used.
 10. Outline the treatment of epilepsy and give reasons for treatments recommended.
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The Physician and Birth Control. "I am in favor of amending section 1142 of the penal code (state of New York) to permit duly licensed physicians to prescribe for their patients methods of preventing conception."

Reading these words from a printed slip (one of hundreds signed presently), Dr. Abraham Jacobi opened a remarkable meeting on the evening of May 27. Gathering at the call of a committee on birth control, the audience strained the assembly room in the New York Academy of Medicine to its utmost limit. There was nothing of sentimentality, prudery or prejudice evident in the meeting or the addresses.

In opening the meeting, the chairman cut to the root of the problem. "The future of mankind is conditioned by its children," he said. "Unless they be healthy and fit to work physically and mentally, they cannot perform any duty in the service of the family, the municipality or the state. Hereditary influences propagate epilepsy, idiocy, feeble-mindedness and cretinism. Such children should not have been permitted to be born.

"Would it be wise on the part of the children not to be born? Surely. But here they are, born for starvation, or factory work, or prostitution, or an emperor's war game. Born they are, and United States or state laws see to it that whoever advises that they must not be born, to prevent them being born without danger of harm to father or mother, is branded a criminal.

"The prohibition of unnecessary and not-wanted accessions of human beings is considered criminal!"

Dr. Jacobi referred to the legislation in certain states of this country and in many countries abroad preventing the propagating of unfit individuals, and the large amount of literature from psychiatrists, forensic lawyers, jurists and doctors upon this subject. He cited a recent report from a famous girls' college.

"We quietly look on at the extinction of the class of people who came on the Mayflower . . . but if you, as a statesman or physician, advise the middle-class family how to avoid poverty you run the

risk of falling into the hands of spies and detectives. Several," Dr. Jacobi added, "have tried their hands on me this very week."

Following Dr. Jacobi, Dr. Emily Dunning Barringer gave a sketch of the actual present situation. The crisis, as she saw it, consists of two elements; first, more or less widely among the middle class and poorer people is disseminated information on the subject of birth control which is doubtful both in origin and in scientific value. A reputable physician has respect for the ideal of law; he must also consider his own family and reputation. He is not at present allowed to give out such information. The quack and the charlatan are bound by no such loyalties, and they sell for money unscientific information which too often is followed by conditions worse than those they are supposed to remedy.

Further, Dr. Barringer found that it is in the second generation of foreigners that the keenest difficulty is met. In many working homes in the East Side and other poorer districts, there is to be found genuine contentment. These people come from work on the soil of Europe. Their inherited instincts and traditions are in the basis of a large family. The man is hard working and faithful. After his day's work he goes home; but beyond the four walls of the house or room, there is but little social acquaintance. The man is the final authority of all things; the woman knows nothing but to submit to the rule of ages. If some of her large family succumb she accepts the loss with resignation and as part of the scheme of things.

But her children grow up into a different tradition. Their education teaches them to desire a wider life, and they will not accept free medical care from the city. Indeed, the city expects them to care for themselves. Now when this generation in turn marries and the family grows beyond the possibility of support independently of city aid, there follows the crisis of despair. This results in a different estimate of marriage.

Dr. Barringer emphasized the need of fuller self-knowledge and self-control for the masses; for freer teaching of sex hygiene; for the single standard of morality. The natural source of scientific information and teaching, Dr. Barringer believed to be the physician, and she recommended that courses in the physiology and psychology of sex, standardizing such knowledge, should be introduced in the different medical colleges of the country as part of medical ethics.

Other speakers were: Dr. L. E. Bisch, Dr. L. A. de Vibliss of the Board of Education, Dr. S. A. Knopf, Laura B. Garrett, Lavinia L. Dock, Dr. J. W. Robinson, editor of the *Critic and Guide*.

Dr. Ira S. Wile, of the *Medical Review of Reviews*, believed that this meeting which a decade ago would have been well-nigh impossible, was directly traceable to the sentiment which is making for cleaner advertising and an open, outspoken press.

"This generation is facing its problems in the open," said Dr. Wile. "It has unearthed the problem of birth control and finds it fundamental to civilization. It is seeking the proper means of solving this problem, seeking it in honesty, not hypocritically. It looks at this law and finds it a lie, finds it not what is believed as a moral truth, finds it only a sword hanging over the heads of physicians. Therefore, revise the law to meet today's conditions."

Fully 800 signatures were secured endorsing the proposed amendment.—*The Survey*, June, 1915.

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PLAY—ITS EFFECT ON METABOLISM*

By Jos. Pettee Cobb, M. D., Chicago

Play is the first physical expression of the infant. The realization of the fact that he has accomplished a movement resulting from his own volition, gives the infant one of his earliest senses of pleasure. *The satisfaction of being able to execute a movement of his own volition leads him to make greater and greater efforts, which call for the co-ordinated operation of an increasing number of muscles, so that we may truthfully say that play is the first educating influence which the infant appreciates.

We are in the habit of recognizing play as a natural expression of activity, not only for the infant but for the growing child, and even on into adolescence; but it is only recently that the appreciation of its full worth as a mental and physical developer has come to us; we recognize that it is not only the infant's and child's first expression of mental action transferred to physical action, but we must also recognize that even after childhood, in youth and adolescence, its power of stimulating growth and development is equally as beneficial, equally as important, as in the case of the infant. Furthermore, the world is beginning to appreciate the fact that the best physical growth is obtained under the influence of properly selected and properly carried out activities, in which the play element has an important part.

The development of a child is a co-operation of mental, physical and nutritional activities. Here, as everywhere else in nature, there is an effort at a proper balance of demand

*Bureau of Pedology, A. I. H., 1915.

and supply—a demand for activity and a supply of the energy that makes the activity possible. A capacity for work is developed by the intensive activities which originated from within. Play is superior to any form of work as a developer of mental and physical capacity, because of its emotional content. Enthusiasm drives and impels the child or youth or adult to unusual efforts, carries the burden of sustained efforts to a far greater exertion than any other form of stimulation because it is an internally impelled activity and not one dependent upon master or a stimulation from without.

Play is a combined mental and physical effort induced from within depending upon self-evolved, self-sustained impulses. Emulation, craving for headship and desire to outstrip his rivals, will drive the child, the boy, or the man, to greater efforts, to attempts at the seemingly impossible, more powerfully than any outside influence or command. No parent's order, no taskmaster's scourge, no money prize has the power of compelling initiative, sustained effort, or supreme attempt that the individual's own will or love will induce.

The instinctive play of the infant early gives place to the collective forms of play so dear to childhood which, in turn, yield to the organized forms of play toward which the youth early shows his tendency. Organized forms of play find their expression in the adolescent period and maintain a stronger hold on him than any of the individual forms of play; moreover, the powerful influence which these organized forms of competitive play have for the individual, even when he has outgrown his youthful stage, is evidenced by the enthusiasm created by the well-contested baseball or football game, a boat race, or other forms of sport. We must admit, then, that the sports of youth, that the competitive athletic efforts of adolescence and, later on, the more dignified and yet keen athletic contests of our seniors—on the golf field, for instance—are all evidences of the natural instinct for competitive play—an instinct which has been seriously repressed in practically all of America until quite recently.

Let me remind you also of the fact that man is an out-door animal; that his heart and lungs and nervous system were made for great and sudden exertions alternating with periods of repose; that unless these organs have these alternating periods of unusual exertions and repose they waste away and

become diseased. The uncongenial uses which we provide for them in our ordinary routine life of the well behaved youth, adolescent and adult, are not conducive either to the best development of the human animal nor to the maintenance of the highest grade of personal activity nor to the best defense against disease invasion. Emulation, self-impelled effort, strife, are all-impelling incentives from within, and these intrinsic impulses lead us to higher grades of effort than either child or adult will make from any extrinsic stimulation.

A wave of enthusiasm for play, however, has been sweeping over this country during the last few years—a wave that has been gaining momentum with every year and with every convert—a wave which undoubtedly has accomplished a great deal of good, but which, unless confined by our sober judgment, will lead us to pay more attention to sports and athletic combats as exhibitions to please our mind rather than as methods of developing our bodies.

Only a few years ago there were a scant half dozen golf grounds or country clubs in this country. Now, every city of any size has one or more, and the large cities maintain them by the dozen. Ten years ago there was a serious discussion among university presidents whether universities should not give up competitive sports in order that more time might be spent in educational pursuits and to prevent the students becoming too devoted to physical prowess. The school houses built in our cities more than five years ago were seldom provided with a playground; recently, however, I have seen it stated that if a city has only room for a school, without a playground, it would be better for the future of the city to take that room for a playground and let the school go.

The child's instinct for play under our old methods was blotted out as early as possible, the youth and the adolescent were expected to take the serious side of life and work, not as a means for physical development, but as a means for another end—the help and maintenance of the family—and it was believed and taught that this work, especially if physical work out in the open, was a better developer and a better educator than play. As evidence that this theory is losing ground today, I want to call your attention to the fact that up to 1908 New York had spent \$15,000,000.00 on its playgrounds, and that in the few years prior to 1909 Chicago spent \$11,000,-

000.00 on playgrounds and field houses, and that President Roosevelt, himself, one of the best examples of the consistent apostles of play, commented on this fact as the most stupendous work for the benefit of a city ever done by any city in such a short time.

All these plays which I have been referring to are what are known among educators as the *big muscle plays*, which are really the developers of organic powers, the educational sources of vigor, resistance to disease and general nervous vitality. More could be said about the benefit of organized, systematic effort of small muscles and the exceptional value which such mechanical work has in the development of mental perception and quickness of execution, but as I am interested now in bringing to your notice only that part of the subject which deals with metabolism, I am trying to confine myself to a discussion of the forms of play which have most to do in physical development.

Metabolism is a synonym for growth and development, and is really the most easily observed effect of any physical activity. Metabolism, however, is not such a simple thing as it is often thought to be, but includes within itself all of those functions which go toward the development of tissue of any kind, including the processes which convert food supplies into proper material to be assimilated, the activity of organs which elaborate this material into such form that it may become a part of the tissues of the body, its method of behavior when it is a tissue, and the methods by which we get rid of the waste material when the tissues are used up. The two master tissues of the body are muscles and nerves. Nerves and muscles carry the brunt of all of our efforts, and it is on the proper building up of these two tissues that so much depends in the make-up of the individual.

Respiration, circulation, digestion, assimilation and elimination, all have an important bearing upon metabolism. Impairment of any one of these functions will seriously affect the kind of tissue building done by the body, whether it is the tissue building of the two master tissues—nerves and muscles—or the specialized forms of tissue constituting the important part of individual organs. It does not require any lengthy discussion on my part to point out to you that two of these functions, viz.: respiration and circulation, are very

materially influenced by physical activity, and that the more nearly the work approaches play the more emotional influences are added to the physical effort, the more thoroughly the individual is driven to the extreme effort, the more these functions are influenced by this physical activity. The use that is made of food supplies, the character of material that is manufactured out of such supply, the vitality of the tissues which are the end product of food supply, depends more upon the amount of oxygen supplied to the metabolic organs than upon any other one thing.

Play, which means sustained effort, usually in the open air, brings more oxygen to the blood corpuscles than anything else can do, while the increased activity of the heart materially hastening the blood current distributes this oxygen more thoroughly than is done under any other stimulus. Add to this the pleasurable excitement that comes in the self-imposed strife, in the supreme efforts which the individual makes, and we have a combination of all the conditions which make for the best activity of metabolism.

Prof. Hawk has shown that violent muscle exertion causes an immediate increase in the number of red blood corpuscles in a unit volume of blood, accompanied by a leukocytosis; the specific gravity increases proportionally with the red corpuscles,—

“The increment in the number of corpuscles is so prompt as to make it probable that the primary agency in this phenomenon is not the loss of water from the body, but the discharge of a large number of sidetracked corpuscles into the general circulation.

“The splanchnic area appears to be the chief reservoir for reserve red corpuscles.”

This storehouse of red corpuscles, ready for work and responsive to a sudden call, is another evidence that the animal is fashioned for alternating periods of exertion and repose. It is important to note not only that it is the vigorous physical effort that calls for this extra blood, but also that it is the vigorous and continued effort which is the important factor in providing the supply, in filling the storehouse.

Kirk has very aptly described the animal body as a machine for converting potential energy into actual energy. Potential energy is supplied by the food and varies very mate-

rially with the character of the food. The metabolic processes of the body store up this potential energy, ready for demand, ready to be converted into actual or kinetic energy, as may be required. The individual's power of developing kinetic energy at any one moment is limited by the amount of potential energy stored up. The potential energy is stored up not by the metabolic process of one hour, one day or one week, but by the regular, methodical, systematic work, day after day, week after week, and year after year. Anything which regularly and systematically increases or spurs on these organs to their highest grade of efficiency, as is done under forced respiration and circulation, makes for the best physical development.

It would not be right to leave this subject without calling your attention also to the destructive processes—katabolism—and the need of getting rid of the waste material. It is not my intention to go into any physiological discussion of what is produced when a nervous impulse is generated, when a muscle contracts under ordinary or extraordinary impulse, or when other organs and tissues are working under their usual or unusual forms of irritation. Suffice it to remind you that every bit of work done means the using up of tissue—katabolism—and that every katabolic change means the setting free in the system of waste material, some of it highly toxic, all of it deleterious, and that perfect elimination is as necessary as a proper intake of supply. The same things which influence the efficiency of respiration and circulation determine the efficiency of the eliminating organs; the best grade of work is done by them also under the far-reaching effects of forced efforts combining pleasurable mental activity with physical exertion.

Somebody has said that the making of a man is food, air, sunshine and exercise. If the word "play" had been substituted for "exercise," or the adjective "pleasurable" inserted before "exercise," we could find no fault with this definition.

PLAY—A FACTOR IN MENTAL DEVELOPMENT*

By Anson Cameron, M. D., Chicago

Play is nature's method of education. It is the fundamental form of all developmental activity. Play is the child's chief business in life. He plays to live and lives to play. Play is superior to work as a developer of the nervous and mental powers used in work because of its emotional content. Play is spontaneous, more intense, and because of the sustaining power of enthusiasm postpones the onset of fatigue and reduces the consciousness of effort, which characterizes the volitional attention of work. Enthusiasm is the spirit of healthy childhood; it is the very essence of play and carries the burden of sustained volitional effort until the capacity for sustained effort is established as a habit.

The child's natural life or play is the best developer of its capacity to work. The fear that the love of play will interfere with the love of work and so undermine character, is groundless. The difference between work and play is often wrongly conceived. The difference, generally, is in the degree of physical or mental motives. Young people often do their hardest work while playing; and even to older persons, with interest, obnoxious work may become play. Work is important, but it is only one of the important things.

Play develops organic vitality, nervous energy and skill and interests specific attention and enthusiasm together. Work is less effective, it lacks spirit and develops only in a negative way when the child does things foreign to its nature in obedience to the commands of adults. It is always the spirit that plays. Such lack of activity depresses vitality and inhibits the development of the nervous system, play instinct and experience. Vivid life is possible through play.

By realizing a progressive series of aims in play, the child learns how to work and to achieve life through work. From an educational standpoint, play develops all the fundamental powers of the plastic growing organism; as internally impelled activity, play is practically the only method of education during infancy. Too often the mistake is made of forcing a child mentally or lavishing too many toys upon him, thus

*Bureau of Pedology, A. I. H., 1915.

teaching him to constantly expect diversion instead of developing his own imagination and resourcefulness.

Play retains a conspicuous place during youth, and even in adult life, as indicated by the modern attitude towards more recreation and leisure for everybody; a great playground movement is going on all over the country. The playground should be organized, supervised and recognized as a vital and co-ordinate branch of our scheme of education. Plays are progressive, and that which is the greatest fun at one time is not at another, because life itself is progressive.

In the past the attitude toward recreation in America has been that of the puritan to whom joy is danger and the pleasure side of life reduced to the lowest possible point. Modern psychology teaches that joy is power, that right recreation is not merely wholesome, but developmental, and that like industry, recreation has become a matter of public concern.

Greek education was essentially a playground education, and the education most nearly approaching it today is that supplied by the playgrounds of America. The Greeks placed emphasis upon hygiene, exercise, games, and play. They cared for the strong and knew more about health; we, vastly more about disease. The Greeks had no patience with sickness, they seemed to look upon being sick as an offense.

Recreation is the most powerful agency in raising the subnormal to the ranks of the normal. The physical and mental life are so closely correlated that the type of the one cannot be disassociated from the type of the other in any individual.

Institutes and schools devoted to the training of atypical and backward children secure their most notable results in mental development by means of manual training, physical training, gardening and similar types of work. The effect of motor training upon mental development is receiving daily greater recognition. Many of these sub-mental children, either from lack of intelligence or lack of muscular powers, are disqualified from any active class work or games, and for these children no resort is left except medical gymnastics. Physiologically the brain has attained nearly its full size by the seventh or eighth year, but the physiological pathology of this type of child demands a brief preliminary consideration. Although the excito-motor centres in the spinal cord and brain are well developed at birth, the higher centres in the cortex

and the commissural fibres connecting the higher and lower centres are still very imperfect.

The material brain at this period of their life is practically destitute of a corresponding mind, and in so far from being the basis of a consciousness that is capable of associating recollections and developing ideas, it cannot even receive the permanent impressions that form memory. But the cells of this brain have a latent potentiality that is almost boundless. They are gradually incited into activity by the stimuli constantly received from the sense organs and muscles, and thus developing consciousness makes its first efforts at rational thought.

In cases of developmental retardation, due to inheritance, disease or other causes, the brain cells do not react properly to the continued impressions and stimuli that reach them: they tend to remain in a rudimentary state. This fact has been confirmed by experiments on animals, in which section of the nerves supplying any area results in the corresponding brain centres remaining rudimentary. In a mentally deficient child the brain does not achieve its normal active development. The power of memory is deficient: the impressions of previous stimuli do not become sufficiently imprinted to facilitate the responses based upon previous experiences. Co-ordinated movements are carried out only with difficulty, as speech or walking may show obvious defects. Sensation also may be impaired, as is shown in the newly born child, which is very susceptible to forms of gentle stimuli of the skin, but in newly born idiots or mentally deficient children, no response, or at best, a feeble one, is obtained by similar stimulation. The muscular sense is diminished, the muscles being generally either in an atrophic or spastic state (or both) according to the respective conditions of the brain or spinal cord. Increase of muscular power goes hand in hand with progress of mental development or improvement in the sensory condition of the child. It has been proved experimentally and clinically that for properly carried out co-ordinated movements normal muscular sense is necessary; section or disease of the posterior roots produces ataxic symptoms, due to loss of muscular sense.

Imitation is a natural instinct in children and attempts

at imitation of a given movement are one of the first steps towards attainment of co-ordination.

The chief objects in play and games in children subnormal mentally are to aid in developing efficiency of the motor, sensory and psychic elements of the cerebrospinal system, the muscular system and the sympathetic system, and to improve the constitution as a whole by stimulating circulation, respiration, digestion, etc. The psychic effects of educational gymnastics upon healthy children apply also to the effect of carefully directed gymnastics upon mentally deficient children. Respiratory exercises play an important part in the treatment of mentally deficient children in the physiological as well as the pathological cases.

The close connection between physical and intellectual improvement is clearly demonstrated in the case of the mental defective. The result of systematic and well-conducted training of the body is a proper balance of the mind and body.

In some cases, quite apart from the cretin, the thyroid gland is not properly developed. Stimulation of the gland and also of the superior and inferior laryngeal nerves and cervical sympathetic can be employed to excite the gland to normal activity.

Modern education, stimulated by recent profound social changes, is experiencing a period of restlessness, discontent and experimentation. Several new types of school are being tried; one, the play school, correlates and gives a balanced relationship between physical education, moral education and cultural education. In the play school the teacher's interest is centered in the children and their activities and not merely in subjects of study. The play school unites the spontaneous play-life of the child with society's demand that he be instructed.

With the most perfect ventilation in the schoolroom there could not be the full aeration of blood in a child obtained on the playground. There must be the exhilaration of joyous exercise, the strengthened pulse, the quick and deepened breathing, the full chest and sustained effort that drives the air into the very apices of the lungs. Playground activities not only purify the blood but also stimulate healthful activity of all excretory organs, thus preserving a well balanced system.

The convergence towards a fusion of the school and play

centre is seen, on the one hand, in the tendency of the school to organize the play-life of the child as is being done in Gary, Indiana, and on the other hand, in the tendency of the best year-round playgrounds to organize activities that are usually considered school functions. The school has absorbed an increasing amount of the child's time but it does not supply what has been eliminated from child life by modern social changes.

The child's reflex mechanism does not merely respond to external stimuli but he is driven by internal needs and hungers that are fundamental springs of conduct. The child is a spontaneously active creature and develops his organic, nervous, emotional and intellectual powers in the process of gaining adjustment.

Another new type of school is the vacation school, which recognizes the fact that the child's education is going on every day in the year and the school replaces the home and community in supplying opportunity for experience. A prominent educator thus expresses himself:—"A generation ago, a boy had three months' schooling and nine months in which to get an education; now he has nine months schooling and three months in which to gain an education."

Then we also have the open air school which provides a fresh air school for the anemic and tubercular child, but the masses of children are kept indoors to be devitalized and subjected to a string of diseases with their train of adult weaknesses. At present, to obtain the best educational advantages a child must be blind, deaf, feeble-minded, incorrigible or truant. Then he is given exercise, playgrounds, gymnasiums, baths, fresh air in abundance, gardens and playshops. Normal children must get along the best they can without them. The widespread rebellion among parents against putting their children in public schools where they will be shut indoors has resulted in many private out-door schools.

The campaign for school hygiene has become almost hysterical. Accumulating evidence has shown the physical, mental and moral effects of long hours, confinement and overpressure in mental work. Nevertheless, there is a demand for a broader manual training, a larger nature-study, a fuller "physical education" and an efficient moral education—all in-

terpreted as "subjects of study" and added to the old subjects. The real business of the child is not to pass examinations but to grow up, his real life is lived on the playground, not in the schoolroom.

Athletics are a phase of play for the adolescent stage, at which age play is more intense, and vigorous. Competitive play in adolescence is nature's instinctive method of completing the development of the fundamental powers upon which the individual depends for constitutional, strong expression and social adjustment and service.

The athletic field of the late adolescent years is as truly a laboratory of conduct as is the playground of the child. Fourteen to twenty years is the critical period in which all the larger fundamental social character traits and moral habits are formed and they are formed in a large measure on the play side of life.

Athletic games have long been regarded as a moral prophylactic for boys, but it is only recently that they have been recognized as serving a similar purpose in girls. In the girl's general development the playground is a school for initiative, self-control and organization. The genuine life-giving exercise and the invigorating air of the playground develop their bubbling and exuberant spirits and give opportunity for self-expression.

The time has come when men are beginning to realize that the stifling of the child's developing enthusiasms in life through a back-warping, chest-cramping, nerve-breaking, mind-deadening desk and schoolroom program of studies is cruel, and a reinterpretation and reorganization of his school work is demanded.

In every city there should be a psychological clinic connected, if possible, with the city hospital and controlled by the board of education. This clinic should determine scientifically the degree of mental dullness of subnormal children. Full clinical records of the patients should be kept and these patients should be assigned to a particular school or institution where they may be observed under controlled conditions.

Educational organization is focused on the movement for directed play and leisure, as is now being demonstrated in the Boy Scouts and Camp Fire Girls, in which there is a program of activities and hours of achievements as a means of

character development. Vocational training and guidance are receiving special attention as well as the avocational or recreation adjustment, which depends upon the educational adjustment during the years of growth.

Education is now the dominant science, the source of appeal in all social effort, as well as in the efficient adjustment of the individual. Of the three forces determining what any individual shall be at maturity—heredity, activity, and environment, with the three corresponding sciences,—eugenics, education, and social economy—activity alone is the source of power in the individual after birth. The environment sets conditions for activity, therefore influences results; but activity itself is the developer of all power, and education the science of constructive effort with the individual. Education has become the new inspiration in Human Engineering.

Even the universities feel the new responsibility of education, and schools of education are arising, still dominated by the old narrow ideas of education as an intellectual process, but destined to fulfill their real function,—producing engineers of child life and child adjustment to meet the requirements of an advancing civilization. It is not enough to know the psychology of the child; one must know the child's psychology. Education must tell us not only how to get the most out of the working hours, but also how to spend most profitably and joyously the hours that remain.

Summarizing, we see that play is an essential part of every well-balanced system of physical education, and that its value is threefold, physical, mental and moral. From an educational standpoint, play's greatest value lies in the fact that, if rightly conducted, it awakens and strengthens the high moral qualities of fairness, courage, determination, steadfastness and presence of mind. Play gives energy, decision and promptness to the will. Play and games teach obedience and subordination of self for the benefit of the group. In short, by training not only the physical and mental, but also the moral powers, they are of very great service in cultivating the civic virtues which are necessary for the life and welfare of the individual and of the community.

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FOOD AS A CAUSE OF DISEASE*

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The question of food at the present time is to a very great extent a question of fads. This is a particularly unfortunate thing for humanity, lay and professional, and betokens a state of affairs that is lamentable. Fancies, sentiment and theories, tradition, habit and misconception are the guides whose potent and subtle influence determines, for the great majority of people, a question, the importance of which is second only to the highest moral considerations. In this field, if anywhere, there should reign an intelligence founded on an unshakable knowledge. It is easy to prove that in no field so intimately connected with the life of mankind is there such widespread divergence of opinion. It is lack of definite knowledge concerning food, and lack of knowledge only, that accounts for the presence of such contradictory views. "Acid fruits are bad for rheumatism;" "oatmeal is too heating;" "milk makes one constipated;" "eggs make one bilious;" "fruits produce pimples;" "tomatoes cause cancer;" are just a few quotations from every-day speech which are uttered with solemn assurance and solid conviction, but which have no demonstrable relation with actual facts. One hears of vegetarianism, of low protein diet, of uric-acid free diet, of salt free diet, of raw beef diet, of uncooked foods, of predigested foods, of pure foods, of eat-the-best-you-can-get-and-plenty-of-it-diet, and so on, advocated earnestly by professional voices, but with vague and indefinite foundation on precise knowledge.

Contradictory views the result of ignorance. It may be taken for granted that such wide divergence of opinion is based upon ignorance, for in the sciences, the things that are known, one does not find such contradictory views. In anatomy, histology, embryology, bacteriology, in chemistry, in physics, astronomy, geology, in short among the sciences generally there is practically unanimity of opinion that makes for certainty and progress. In physiology hosts of fundamental facts are accepted as established, but when we come to the subject of

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what may be called "Applied Nutrition" we find ourselves in the midst of a chaotic mass of facts and fancies, opinions and convictions. It is certainly for the medical profession to rectify this state of affairs. Physiologists and chemists should unite their forces to illuminate with the light of knowledge the field now darkened by ignorance.

Dietetics in medical schools. Dietetics should be made as definite and reliable as mechanics, and in all medical schools one of the strongest and most useful courses should be the one in dietetics. I wish to emphasize the difference between a class in cooking and a course in dietetics, for many teachers of cooking know nothing of dietetics, and the two things are as different as science and art. Medical schools have been far behind in the performance of their duty in not recognizing the vital importance of this subject.

In a general way it is universally acknowledged that the vitality, integrity, and health of the tissues of the body are dependent upon the blood stream which, circulating freely throughout the major and the most minute parts of the body, supplies all the parts with nutriment. It is widely acknowledged that pure blood, free from irritating and noxious wastes, and containing all the varied and necessary ingredients, is needed from which to build up healthy and strong tissues. It is neither widely nor generally recognized and certainly not practically acknowledged that the blood *obtains* the "varied and necessary ingredients" from the substances eaten as food, and therefore that the prime value of food is to supply the blood with these "varied and necessary ingredients."

Definition of food. It would probably be of great service in establishing rational views on this vital topic to accept as a definition of food something like the following:—"Food is that substance, simple or compound, which when taken into a living structure may be transformed into that structure's own protoplasm and maintain its efficiency." This idea insists upon the accepted biological view that protoplasm is the physical basis of life, and that while animal protoplasm consists chiefly of carbon, hydrogen, oxygen, and nitrogen, it also contains minute quantities of many elements not all of which presumably have yet been recognized. It is quite generally conceded that animal tissues contain carbon, oxygen, hydrogen, nitrogen, sulfur, phosphorus, chlorine, silicon, fluorine,

postassium, sodium, calcium, magnesium, iron and manganese; fifteen elements; and traces of others have been found in the analyses of certain tissue cells. Food for human beings must consist therefore not only of carbohydrates and hydrocarbons, but of all the other ingredients of the cells of which tissues are composed. In addition to the needed elements it is also essential to keep in mind the proper *quantities* in which these elements should be supplied to the body, and in acquiring this knowledge there is much work yet to be done.

Caloric values. In these days we hear much about caloric values. Even the daily press, in giving instructions "How to Feed Your Family," presents long tables of caloric values of natural and artificial food stuffs. According to these instructions the only thing to reckon with in selecting a diet is the number of calories furnished by anything. The same is true of tables presented by physiologists, dietitians, the menus at sanitariums, etc. Caloric value and efficiency seem in such estimates to bear a direct proportion, the one to the other. It is accepted as approximately correct that a laboring man needs 3,200 calories to enable him to do his day's work, while the working woman needs about 2,700. These figures are higher than those adopted by some authorities, but the fallacy of using the caloric value as a standard is shown by the one standard as easily as the other. For instance, according to tables credited to Professor Langworthy of the United States Department of Agriculture Experiment Stations, doughnuts have a value of 2,000 calories per pound, chocolate cake 1,650, oyster crackers 1,965,—whereas rye bread has only 1,115 calories per pound, brown bread 970, canned baked beans 600, fresh peas 465, oat breakfast food (whatever that is) 280, and spinach 110. White bread is valued at 1,180 calories per pound and whole wheat bread at only 1,110. Therefore the ordinary housewife or provider is fully justified in deciding that a diet of doughnuts, chocolate cake and oyster crackers is vastly superior pound for pound to a diet of rye bread, brown bread, baked beans, green peas, oat breakfast food and spinach, whereas the testimony of experience would seem to show the reverse to be true. White bread with its caloric superiority over whole wheat bread would also naturally be preferred to the latter. *It cannot be too strongly emphasized that caloric value is simply one element to be considered in estimating*

the food value of anything. As will be referred to later, polished rice, which has a higher caloric value than the simple hulled rice, has killed many thousands of people, a mortality wholly unknown under a natural hulled rice diet.

Why do we eat? With a rational conception of food as a substance capable of being transformed into protoplasm and maintaining its efficiency, the answer to the question, "Why do we, or Why should we eat?" is not far to seek. To be an epicure, to be a gourmand, to be gluttonous, or to live to eat, is not ennobling—and it is acknowledged by common consent that to be either is to lay the foundation for many of the ills flesh is heir to." One's life would be simplified, living expenses would be reduced to a minimum, intricacies and difficulties of housekeeping would be greatly decreased, the "high cost of living" would become an historic phrase only, doctors' bills would be less frequent and embarrassing, and the general comfort, ease of mind and essential happiness of mankind would be greatly augmented, if people would allow a truly intelligent and rational answer, an answer creditable to humanity, the highest form of created life, to the question, Why do we eat? to guide them in things dietetic. Instead of eating "because meals are ready," or "because it is time to eat," or to gratify a sensuous desire, to please the palate with fascinating flavors, to stimulate the appetite, *one should eat for the prime purpose of maintaining and increasing his vitality, his efficiency, his endurance and his resistance.* With some such idea in mind, it becomes not only easy to overcome dietetic temptations but one sooner or later eats with a keen relish and steady enjoyment not experienced by the gourmet.

To realize what it is that we feed when we eat, also helps us at times to decide what we should eat. A little common sense argument is usually enough to convince us that even the most intelligent human being is simply feeding an animal body when he eats. The human being may possess wonderful powers of mind and spirit, but it is the body and its tissues that are fed. People never or rarely realize that what they are eating is developed into blood, bones, muscle, connective tissue, glandular epithelium and nerve tissue, etc. If they could realize that healthy brain, and heart, and muscle tissue can be obtained *only* by eating suitably proportioned food it would help them to refuse many things which the merest

tyro in dietetics recognizes as unsuitable. Man feeds his domestic animals according to the amount and kind of work they have to do, and feeds them with the definite idea of producing efficiency. *Some of his knowledge and common sense he should apply to the feeding of his own body.*

What has Nature provided for man? It is a matter of common knowledge that Nature has anticipated and provided wisely and generously for the needs of all forms of life. Birds of the air, beasts of the field and fish of the sea have been provided for, but it is necessary in each case for the animal to make some individual effort to secure the food that has been provided. By analogy, it may be claimed that the same Nature has provided those forms of food which may be transformed into healthy human protoplasm and maintain its efficiency. There is known to mankind a long list of edible grains and vegetables and fruits and berries and nuts all of which differ somewhat in kind, and all of which furnish some necessary ingredient of the human body. Nature sternly requires of man that he make some effort to acquire these things, but man does not grow a potato, a grain of corn, or a melon. He can and must plant the seed and cultivate the crop and accept the harvest as a reward of his labor, but it is Nature, not man, that produces the wonderful and unfailing combinations which characterize the forms of food mentioned. It is after Nature has done her part that man's art steps in to produce combinations and results which in the majority of cases actually thwart Nature in her efforts to produce strong and healthy bodies. *The art of cooking has probably become one of the most dangerous of the arts.* Man's ingenuity and cleverness are doubtless exhibited as clearly in his ability to modify Nature's foods as in any other of his accomplishments, and it is not an unusual experience for a physician to have to treat cooks and teachers of cooking for gastrointestinal and constitutional difficulties unquestionably attributable to their vicious diet. Once more, one may know a great deal about cooking and yet know nothing whatever about diet. The two things are not by any means synonymous, yet as a rule no distinction between them is made.

Keeping qualities of grains. As far as physiological chemistry can help us out, we are justified in claiming that everything necessary to insure the growth and maintain the integ-

rity of healthy human bodies may be abundantly found in the vegetable kingdom. Water alone is in some instances needed to complete the balance. Among the grains particularly, such as wheat, oats, rye, barley, corn, and rice, we find in concentrated form everything in the way of starch, fat, sugar, protein and minerals to supply, after the earliest periods of life, the needs of the growing or fully formed body. The ease with which these foods may be kept free from degeneration and contamination, and the length of time they retain under suitable conditions their own vital principles are points that seem to me very significant. Nothing in the realm of food has such keeping qualities. No pickling, salting, smoking or cold storage are needed to keep them sweet and wholesome. Many of the edible nuts possess these keeping qualities. Many of the vegetables and fruits can be kept for a season without difficulty, although many of them rapidly deteriorate when ripe. If we can interpret Nature's motives as evidenced by the keeping qualities of food it is certainly reasonable to claim that the grains should form the chief articles in man's diet. As a matter of fact they do, for there is nothing used so universally and liberally as the various forms of grains. The familiar phrase "Bread is the staff of life" may not be literally interpreted to mean the modern white bread, but in all probability it does signify literally, cereal food.

Defective teeth. Let us now briefly consider a few of the common conditions of unsound or ill health that are acknowledged to be due to a faulty or unbalanced ration: First, defective teeth. Our modern school inspectors are insistently calling attention to the defective teeth of school children. Dr. McCann claims that there are 10,000,000 school children in the United States with defective teeth. This means insufficient mastication and a wrong initiation of the digestive process; it means an insufficient or faulty development of the maxillæ and the resulting indigestion, which is trivial to start with, but becomes, as the years go by, a more and more serious condition interfering with the development of a robust body and producing in many instances mental and moral defects. It is worthy of note that in Boston, a wonderfully complete institution has been established by philanthropically inclined and generous-hearted men known as the Forsythe Dental Infirmary for Children;—an institution which by the

large numbers that patronize it evidently meets a "long felt want." That is, the evil results of defective teeth are fully recognized and efforts to overcome these ill results are being made. The all important question, however, is, "Why the defective teeth?" The answer is simplicity itself. The so-called "food" that children are brought up on consists of a vastly preponderating amount of starch and sugar. Examination of the lunch boxes of school children shows them to contain white bread, jam, jelly, preserves, doughnuts and varieties of cakes. This gives an idea of what children eat for their lunches, and it is only fair to assume, and a little investigation proves the truth of the assumption, that children are "brought up" chiefly on starches and sweets. Nature is wonderfully clever and ingenious, but Nature never has been able, and never will be able to transform carbohydrates into the lime salts that are needed to furnish good bones and sound teeth. It is a simple proposition that if the lime salts are abstracted from food in its manufacture or cooking, the children will not have the lime salts wherewith to make these necessary structures.

Slow dentition in babies. It is a frequent experience that modern babies are slow in teething. This may be due to an insufficiency of lime salts in the milk that is fed to them, but it may also be due partly to an inherited weakness which is the result of an insufficient quantity of lime in the mother's dietary. In this connection it is reasonable to refer to the deplorable fact that the modern mother, if she belongs to what is known as the "better classes," is usually unable to nurse her young in spite often of an earnest desire to do so, and has to resort to some of the modern makeshifts. This is in all probability due to no fault of Nature, but to those faults of our civilization which demand delicacies and luxuries as food, rather than the simple products of Nature herself. Assertion is not proof, but it is found that among simple peoples and among those whose circumstances in life compel them to use a simple diet devoid of the dainties and luxuries of prosperity mothers are almost invariably able to nurse their young, unquestionably to the very great advantage of their offspring.

Obesity. Another condition worthy of consideration is the very common one known as obesity. Just where a normal

rotundity or plumpness of figure leaves off and obesity begins has not been authoritatively decided. As a standard of proper weight, however, we might take the skeleton itself with its muscles, connective tissue, special and glandular organs and a necessary amount of adipose tissue to answer the few mechanical and physiological purposes it is probably intended for. It is apropos to note that an individual's bones are not bigger at fifty than they were at twenty to twenty-five; that the muscles of the body are usually not as large in a man of fifty or sixty as they are in a vigorous youth; that the liver and glandular organs are certainly not appreciably larger after middle life than they are at the period of maturity; that the brain certainly is no larger at sixty than it is at twenty-five. Why then should it be looked upon as desirable that a person should take on aldermanic outlines and proportions by mid-life? Why should a person fifty years of age have forty, fifty, sixty or more pounds to carry about than he had at twenty-five? It is easy to prove that this extra weight is a physical and physiological burden. It requires more force to propel it from place to place; it requires more cardiac energy to keep the blood circulating through the increased tissue, and this leads up to possibilities in the way of cardiac hypertrophy, and arterio-capillary fibrosis and its attendant dangers. The portly and unwieldy figure of the obese is in many ways a handicap and the unfortunate individual frequently seeks medical advice and resorts to various kinds of treatment for a reduction of his weight. Many of the methods in vogue for the reduction of surplus fat may be harmless in themselves, but frequently are expensive and use time that might be used to better advantage. It is curious that people eagerly seek some method for the reduction of flesh aside from the *only simple and natural method of abstinence from fat forming foods*. Ages ago the Israelites in Egyptian captivity complained because they were expected to make bricks without straw. It is self-evident that adipose tissue cannot be made without those things necessary to its production, such as fat, sugar and starch. Natural, simple, preventive measures do not appeal in this instance, any more than in others, to a mankind that is filled with his own conceit and that likes to do things his own way.

Constipation. Another common ill, that of itself and with

the addition of its usual treatment leads on to more serious consequence, is constipation. Its pathology and sequelæ and discomforts need not be referred to. It is well known that many hundred thousands of dollars are annually spent in this country of ours in the manufacture and purchase of aperients, laxatives and cathartics. In this case we have as a prime factor in the production of constipation, a faulty diet. The main fault lies in the removal to a large extent, often as completely as possible, of the cellulose found in the grains, vegetables and fruits; and in the insufficient drinking of water. The false and irrational notion too widely obtains that "coarse" food is irritating and injurious to the bowels. Therefore basing his actions upon an erroneous idea man attempts to improve upon the food furnished by Nature, with the usual result of disaster. But it is so much easier to eat white bread, cakes, pastry, puddings and delicately prepared food made chiefly from starch and sugar, and rich gravies and dressings thickened with starch, and then take a compound cathartic, or a little liver pill, or something of the sort, than it is to make use from the start of the rational diet which is a sure preventive of this trouble. Eating too highly refined food, and overloading generally, are remediable measures. Here, as too often elsewhere, preventive measures do not appeal to humanity to the same extent that so-called "curative" methods do.

Beri-beri. One of the modern triumphs of preventive medicine along purely dietetic lines is in the discovery of the cause of beri-beri. Before this audience it is needless to give a detailed description of the pathology and symptomatology of beri-beri. It is enough for my purposes to emphasize the fact which has been abundantly proven that an organic disease of the nervous system which is fatal in forty to sixty percent of the people attacked, and which has been prevalent from time immemorial, is produced by the eating of demineralized or polished rice. So satisfied are our government authorities concerning this matter that, on good authority I am informed, no rations containing polished rice are issued to our troops or civil employes in the Philippines. It is unnecessary to give the accepted explanations of the part played by demineralized or polished rice in the production of this disease. The points I wish to emphasize, and the significance of which, I feel, are not at all appreciated by the average individual are, that those

who eat, in large quantities, demineralized or polished rice are the ones who suffer from beri-beri; and the negative fact that those whose lack of affluence prohibits their using the luxury and compels them to use the natural product do not suffer from beri-beri.

Cause of insanity, cancer, etc. A question which is before the profession for settlement and one toward the solution of which the brightest minds and the most serious efforts should be directed, and one which I am anxious to bring to the attention of this body, is, What is the main cause of the American disease "nervous prostration," the increasing prevalence of insanity, and the appalling frequency of cancer? Unquestionably there are varying exciting causes for these conditions, but to my mind it is not at all irrational to claim that the predisposing cause, as in the case of germ diseases, is more potent than the exciting, and it is a conviction of mine that the predisposing causes, in many cases, of these serious disorders are self-induced, if not by the immediate sufferer, at least by his immediate predecessors, and that dietetic errors are mainly responsible for the development of these predispositions. Of course, I am not prepared to make the assertion that this is so, but I am convinced on reasoning by analogy, and analyzing such experience as has been made possible to me, that a thorough examination of all the data connected with a large number of nervous diseases, insanity and cancer will ultimately reveal the fact that impoverished nutrition, or a physiologically unsuitable diet, is responsible for the feeble resistance or the susceptibility which permits these diseases to establish themselves in the human body.

Wheat flour. It is not intended to make any sensational or extravagant claims concerning the disease-producing possibilities of what people call "food," but which is in reality an *unbalanced ration*. In the light of the present-day knowledge, or in the darkness of present-day ignorance, one is not justified in making positive claims or assertions except in a few instances. It is perfectly proper, however, and may make for real progress, to assume certain things as working hypotheses. I am willing, therefore, for reasons to be given, to assume that the dietetic habits of civilized man are responsible for a very large number of the diseases which afflict humanity. One of the least excusable of man's many dietetic errors is the

manufacture and excessive use of wheat flour, bolted and sometimes bleached. That this widely prevalent habit is injurious has been amply proven. The caloric value of white flour per pound is greater than that of whole wheat meal, on account of the preponderance of starch, but the *impossibility of forming good bones and sound teeth out of a white flour diet* has been referred to. Edie and Simpson (quoted by Bryce in his "Modern Theories of Diet") found that "adult pigeons fed exclusively on unadulterated and unbleached white wheat bread rapidly developed polyneuritis and died on the average on the twenty-ninth day. *** and on an exclusive diet of whole meal or standard bread, which contains 80 per cent of the wheat berry, they maintained proper health." It is a matter of common domestic experience that the flour barrel may be opened many times a day during the hot and muggy days of summer without fear of "worms" developing in the flour, while every housewife knows the difficulty of carrying whole meal (of wheat, oats, rye or corn) under similar circumstances without having the meal infested by "worms." That is, "worms" know enough not to try to live on (or in) wheat flour,—a thing that intelligent man has not yet found out! The "worm" knows it can thrive and enjoy productive health on the whole meals,—a fact that mankind is loath to practically acknowledge. Experimental evidence according to Bryce, and others, shows conclusively that "oatmeal, rye bread, whole rice, and barley, all of which contain organic compounds of phosphorus in varying degree, are incapable of setting up polyneuritis in pigeons, and that beri-beri does not occur when rice containing a sufficiency of P_2O_5 , 'cured rice,' is used."

Summary. In America, as is well known, we are eating white flour (partly demineralized wheat) as the staple article of diet,—in crackers, biscuits, rolls, breads, cookies, doughnuts, cakes and pastries of innumerable description and variety, in thickenings of soups, gravies, dressings, etc.

We are eating corn starch (demineralized corn) in puddings and confectioneries.

We are eating very freely of boiled, mashed and fried potatoes, demineralized by peeling.

We are eating polished (demineralized) rice in large quan-

tities as a vegetable, in compotes, puddings and wafers, and giving these things as delicacies to our invalids.

Now, if eating a diet consisting largely of starch and sugar is prejudicial to the formation of sound teeth (a school inspector recently reported to the writer that he had that day examined thirty-five children averaging five years of age and had found only two who had sound teeth),

If eating too refined food is largely responsible for the universally prevalent constipation with its frequent chain of sequelæ,

If eating too freely of carbohydrates and hydrocarbons is the *sine qua non* in the production of obesity with its discomforts and dangers,

If eating demineralized rice without restriction is the cause of beri-beri (and who can doubt these things and much more in the same line that might be stated),

Is it a very extravagant assumption to suggest that the cause, or at least one of the main factors in the etiology of insanity and cancer and a host of diseases, is in man's demineralization and modifications of the diet provided for him by Nature?

It is certainly an interesting clinical experience that invalids suffering with various forms of nerve disorders, unwittingly produced by eating demineralized food, consult their physicians, who after thorough investigation of their conditions prescribe some of the large number of phosphates, phosphites, hypophosphites, etc., used by common consent as the most effective pharmacotherapeutic agents in restoring such cases to health: the very things that have been removed from wheat in the manufacture of white flour.

It is impossible in the brief presentation of a subject, such as is allowable on an occasion like the present, to do more than to suggest lines of argument. Details are not permissible. Arguments against the use of meat foods, and against the deplorably common use of cane sugar sweets, might be advanced and discussed possibly with profit, but I shall be contented if my remarks on Food as a Cause of Disease have served to quicken your interest in what is most surely of vital import to us all.

OUR REVISED PHARMACOPŒIA*

By T. H. Carmichael, M. D., Philadelphia, Pa.

*"To have or not to have a Pharmacopœia; that is
the question;
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous criticism,
Or to take up arms against a sea of critics
And by opposing end them."*

So much by way of introduction, with apologies to Hamlet.

It is unfortunate that to many physicians the title of this paper suggests nothing of special interest. They could not name the title of the standard pharmacopœia of their school. It is a book they have never seen and is upon a subject which at best they regard as of no practical value. They may have been successful clinicians without having any real knowledge of the preparation of their remedies although, like the druggist, they always dispense their own remedies. They neither know nor care that the 3x dilution always represents the one-one-thousandth part of the drug or that it is a variable quantity, because all the pharmacists do not make standardized potencies. All that they do know is that it was given when indicated and produced the desired result, and this is construed as a vindication of the scientific nature of homœopathy, as well as of their own reputation as scientific physicians. If, perchance, sufficient interest has been ever aroused to cause any inquiry about the remedies, they are perfectly satisfied with the explanations and special methods of their individual pharmacists. It does not occur to them that homœopathy, as a fixed, definite system of therapeutics, not only admits, but requires, remedies that are uniform in their preparation and which approximate fixed mathematical values. Neither do they appreciate the fact that just as the surgeon should know that his instruments are of the proper quality and that his ligatures will stand sufficient tension—so the physician should know his remedies—that they are of uniform strength and purity and that they are prepared according to one acknowledged standard.

*Bureau of Materia Medica, A. I. H., 1915.

This involves a different knowledge of drugs from that of their therapeutic usage, but it is no less essential to the educated, scientific physician.

Pathogenetic symptoms of aconite were alike obtained from the use of powdered stalks and leaves, by chewing the root, from an alcoholic and aqueous extract and from a weak tincture which Hahnemann made by mixing the expressed juice of the whole plant with an equal quantity of alcohol.

Therapeutic results can therefore be had from aconite in any of these forms, but it is obvious that to obtain records of fixed definite value the preparations used must be uniform in strength and in mode of preparation—that is to say, that a result recorded from aconite 6x would not be of much value, unless it were known that all other 6x preparations of that remedy from every homœopathic pharmacy in the United States are the same in pharmaceutic content. This involves the use of an initial preparation that is the best that the pharmaceutic art can offer—one that is uniform in strength and which can be intelligently employed as the base from which to prepare our various dilutions or potencies.

It was in recognition of these facts that as far back as 1868 the American Institute of Homœopathy began the preparation of a standard work or authority for the guidance of all homœopathic pharmacists in the United States. After many vicissitudes and much hard labor, the work was completed and reported to the Institute in 1897, when it was adopted as the standard. It was first called the *Pharmacopœia* of the American Institute of Homœopathy, but in 1901, when it was revised, the title was changed to *Homœopathic Pharmacopœia of the United States*. The *British Homœopathic Pharmacopœia* had been published in 1870 and revised in 1876. It contained the accurate and satisfactory method of making fresh plant tinctures, which was adopted by the makers of our *pharmacopœia*.

In 1914 the Third Edition of the *Homœopathic Pharmacopœia of the United States* was published, and it is with this last revision that this paper is mainly concerned.

As was the case with former editions, the Committee was composed of an equal number of pharmacists and physicians. It was confronted with the problem of making all essential corrections with the least disturbance to the work as a whole

To avoid the expense of new plates throughout the book, much ingenuity was required in re-arrangement and some things were allowed to remain which are subject to minor criticism. For example, the words "Chemical Symbols" instead of "Chemical Formulæ" were retained—especially after competent chemical authority was consulted, and the use of symbols was declared to be unobjectionable. While the new atomic weights were placed opposite their respective remedies, the table of the old atomic weights at the end of the volume was inadvertently bound with it.

Competent criticism of this work requires, first of all, the knowledge that it was not designed to supersede the United States Pharmacopœia, which is the standard recognized by the United States Government for all the remedies that it contains. All remedies mentioned in the Homœopathic Pharmacopœia of the United States, which are also included in the U. S. P., must therefore be identical in identity, purity and pharmaceutic content in both works. Whether this fact is stated or not in the Homœopathic Pharmacopœia, all tinctures made from dried substances, and the chemical elements and their salts used for making triturations must agree in purity, identity and pharmaceutic content with the standard for the same substances in the United States Pharmacopœia. The only exceptions to this rule are those substances which are peculiar to Homœopathy, in that they were selected by Hahnemann for his provings, not on account of their purity, but because they could be easily obtained by the physician. To illustrate, *hepar sulphur calcarea* is made by calcining oyster shells and flowers of sulphur, and is therefore an impure calcium sulphide, and *calcareo carbonica* is an impure calcium carbonate, as it is found in the oyster shell. It would therefore have been a disadvantage to introduce a rubric of purity (as a Philadelphia critic advocated) into our Pharmacopœia. Wherever remedies of the same name have been proved from an impure salt or preparation different from that used in the U. S. P., such fact is plainly stated.

The Homœopathic Pharmacopœia of the United States was prepared for the homœopathic profession, and is not to be judged from an old-school standpoint.

The United States Pharmacopœia contains about 63 tinctures—the Homœopathic Pharmacopœia of the United States

contains about 500 tinctures. Out of the 63 tinctures in the U. S. P., only about ten are of such a nature that their strength can be determined by analysis so that a standard of purity, based upon assay methods, which is already provided for in the U. S. P., does not need to be re-stated in the H. P. U. S. Its application in the latter work would be relatively insignificant.

Tinctures in homœopathic pharmacy are preferably made from fresh plants gathered at the time of their greatest activity. It has been proved that these fresh plant tinctures possess a certain virility (so to speak) that is not contained in the dried plant tincture. This power is beyond the reach of the assaying process, because it consists not alone in the presence of certain chemical bodies, which may or may not be capable of determination, but it also lies in certain volatile elements and in the natural structure of the plant before the disintegrating bacterial changes have occurred in the process of drying. The fixed effects of a drug and its subjective symptoms, which are so essential and valuable a feature of our provings, are better produced from fresh plant tinctures.

Therefore (to quote an eminent pharmacist) "while the addition of chemical tests and assaying processes included under chemical salts would have been to a certain advantage, their absence, I think, does not indicate a fault. Certainly their presence would have been of very little value to homœopathic physicians and of no great value either to homœopathic pharmacists. It would be simply printing the same rules in our Pharmacopœia which now appear in the U. S. P."

Some of our Homœopathic Journals, in their reviews of the Third Edition, show a lack of appreciation of the importance of the work to the scientific standing of the Homœopathic School.

One journal dismisses the Pharmacopœia with the recondite statement that "Identity is a prime essential and the amount of drug strength is of secondary importance—that it is a matter of little moment whether the amount of drug in a potency

is the $\frac{1}{3,000,000,000}$ or twice that amount."

Another journal evidently considers that when the reviewer gravely states that in his opinion it is not worth the trouble of drying a drug in a water-bath and estimating the percentage of moisture and allowing for this in the green drug, he has

properly reviewed the accepted standard pharmacopœia of his school.

Is it to be wondered at that some of our homœopathic journals are slowly losing their subscribers?

After a tincture-making process has been tested in Great Britain for forty years and is the standard method of the British Homœopathic Pharmacopœia, and since 1897 has been the standard adopted for the preparation of green plant tinctures in the United States, such a display of pharmaceutic ignorance on the part of a homœopathic editor is not calculated to increase the subscriptions to his magazine.

Is it not worth any amount of trouble to secure for homœopathic pharmacy a process that marks near perfection in the art of making fresh plant tinctures, and, which in the words of another prominent pharmacist, "enables the pharmacist to furnish the physician with medicines that are as near to absolute uniformity as human skill can make them"?

When it is considered that, by this method with very few exceptions, all our fresh plant tinctures, as well as all those made from dried preparations, are ten per cent drug strength, or in other words, represent the first decimal dilution of the crude substance, and that the first decimal trituration is our initial preparation from solid materials, the advantage of a Pharmacopœia that provides the same initial basic strength for both tinctures and triturations should be apparent to all who have regard for the scientific aspect of homœopathy.

In another homœopathic journal, the editor devotes three and a half inches to a review of the standard work of his school, for which he has not one word of commendation, but he gives six and a quarter inches to a review of Hare's Practical Therapeutics, for which he has nothing but praise. He begins the criticism of his own Pharmacopœia with the very queer statement, "It seems to us incomprehensible that any remedy that has received a proving should be omitted from the Pharmacopœia."

This shows a lack of knowledge of the purpose of such a work as a practical guide for homœopathic pharmacists.

Remedies should be admitted to the Pharmacopœia only when there is sufficient demand for them to justify pharmacists in incurring the expense necessary in preparing and keeping them in stock.

Simply because a proving has been made of a certain plant and reported in our journals, is no reason why homœopathic pharmacists should at once spend time and money in collecting the plant and making a quantity of tincture and dilutions from it and then have these on their shelves with no customers to justify them for the expenditure.

Our Pharmacopœia contains about 500 tinctures—the U. S. P. contains only 63 tinctures. It is certain that many of these, though proved, are seldom or never used, and it is a hardship to the pharmacist to expect him to continually carry them in stock.

In addition to the nine remedies which were omitted, there are many others that are comparatively useless. So that when the editor further says, "We find such drugs as *secale cornutum*, *kali muriaticum*, and many others that have scarcely been proved at all, incorporated in the work, and some excellently well proved drugs omitted," he should know that it is because there is a demand for *secale* and *kali muriaticum*, and no demand for some other drugs that may have been more "excellently well proved."

This reviewer also complains that "*psorinum*, *hydrophobinum*, *pyrogen*, *tuberculinum*, and others of the nosodes are not to be found in its pages and ends with the statement, "This arbitrary excluding of the nosodes in this age of vaccines or the treatment of diseases by similars is certainly not calculated to make the Pharmacopœia either popular or specially useful."

In reply to this, it may be said that the original Pharmacopœia Committee discussed the question of adding such remedies as *psorinum* and the other nosodes, and unanimously voted to exclude them. They were regarded as isopathic, not as homœopathic; nor is there unanimity of opinion at this late date that they should be regarded as homœopathic remedies. These preparations seem to be in a class by themselves. At least not until the nature of their action is unquestioned and there is some demand for them, should they be accorded a place in the Pharmacopœia. In speaking of this class of preparations, a leading homœopathic pharmacist in New England says, "The idea of using sputum and potentizing it as a homœopathic preparation is to me nothing less than an outrage, and I am glad to say that as far as trade is concerned

in New England, there is practically no sale for this class of preparations. To be more explicit, I doubt whether we have more than one or two calls for these preparations in a whole year."

What shall be said of the loyalty to the school of an editor who, because the accepted standard work of his school does not contain some remedies which, in his judgment, it should include, therefore condemns it as not calculated to be either popular or specially useful?

The fact is that there is a great misconception, not only on the part of our editors, but with our physicians in general, of the function and authority of the Pharmacopœia.

It is now eighteen years since it was first adopted as the standard.

Are we still in the ridiculous position before the scientific world of allowing our remedies to be prepared according to the whims and notions of individual homœopathic pharmacists?

Are our members too indifferent to the scientific claims of homœopathy to demand of their pharmacists compliance with the methods of the Pharmacopœia?

Is not disloyalty to the Pharmacopœia practically disloyalty to the best interests of homœopathy?

Shall we continue to buy tinctures made by expressing the juice of plants and adding an equal part of alcohol and calling them fifty per cent drug strength, when in reality they vary from three to six per cent in drug strength?

The Pharmacopœia is not free from errors. It needs revision at regular intervals that it may be brought nearer to perfection. The standard adopted by the United States Government—the United States Pharmacopœia—is at the present time undergoing its ninth revision since it was first issued in 1820.

It may be said, without fear of successful contradiction, that the Homœopathic Pharmacopœia of the United States in its general conception of the Pharmaceutic Art is the most scientific work yet produced by our school.

Place it in the hands of an educated physician of the old school and while he may say that having had no experience with fresh plant tinctures he naturally prefers fluid extracts

and tinctures made from dried plants, he will also say that the method of making fresh plant tinctures of an uniform drug strength cannot be improved upon. He would also approve the scientific method of notation whereby the tincture and trituration both begin with the IX or first decimal drug strength and subsequent attenuations or potencies are made upon the decimal scale. While noting here and there minor discrepancies (which he would freely admit are to be found also in his own U. S. P.), he would nevertheless recognize the high-class character of the work as a valuable contribution to the literature on pharmacy.

Shall we expect less than this same kind of intelligent criticism from our own members, and especially from the editors of homœopathic journals who are supposed to advance all the interests of the homœopathic school?

In conclusion, it seems pertinent to ask the homœopathic profession eighteen years after it adopted as a standard the work which has just appeared in its third edition, is it

To have or not to have a Pharmacopœia: that is the question.

There can be but one answer—it must have it.

Let each one therefore see to it that every homœopathic remedy in the United States is made according to the directions of the Homœopathic Pharmacopœia of the United States.

Two Remedies in Cancer: *Ornithogalum* is to be remembered in cancer of intestinal tract, especially of stomach and caecum. Center of action is the pylorus, causing painful contraction with duodenal distension. Vomiting of coffee-ground-looking matter. Give single doses of the tincture and await action.

Chimaphila.—I have found this remedy valuable in women with *very large breasts* and a tumor in the mammary gland that has spread out in the gland, the nipple is drawn in and there is *sharp* pain in the tumor. Give ten drops of the tincture three times a day, gradually increasing dose until twenty drops.—*Jones, Pac. Coast Jour. Hom., July, 1915.*

HOMŒOPATHIC THERAPEUTICS AND SURGERY*

By Claude A. Burrett, Ph. B., M. D., Columbus, Ohio

Dean and Professor of Surgery, College of Homœopathic Medicine,
Ohio State University

Mr. Vice-President, Members of the Society and Friends:—
The question of what I might discuss at this time, or whether as your president I should attempt any formal remarks has been a serious one. My final decision has been to take up some phase of surgery which should touch some of the fundamental reasons why we are assembled here under the flag of homœopathy. Does the adding to our knowledge of medicine and surgery a special knowledge of homœopathic therapeutics give us an added advantage over our brothers who do not follow such practice?

I bring this question to you as surgeons because the time has arrived when the real test of our superiority rests not upon our diagnostic or mechanical skill, for I am sure we will admit that surgeons in general are as skillful as we, but upon our adding to that skill a special knowledge of homœopathic therapeutics. Are we ready to admit as surgeons that we know nothing about the methods of treatment that so closely link us to the medical? Why is it that the death rate in our hospitals is less than 5%, whereas in the hospitals at large in America the death rate is about 12%? The majority of hospital cases are surgical. Is our low death rate due to more perfect surgical technic or to other causes? Our surgeons are the equal of any, and our general procedure is such as is in common practice. Then why this decidedly lower death rate?

Is it unfair to suggest that it is because we add to our surgical treatment a special knowledge of homœopathic therapeutics? The president of the American Medical Association, in his annual address last week, said that preventive medicine had increased life from 45 to 60 years. Might we not aptly suggest that it be worded, "Preventing the taking of medicine has increased life from 45 to 60 years"?

It may be proper for you to ask why these well known facts are being brought to your attention. My answer is that the tendency directed toward specialism with all of the varied and multitudinous special manipulations has in my judgment tended

*President's address, Surgical and Gynecological Society, A. I. H., 1915.

to detract from one cardinal principle upon which curative medicine is based, namely, that immunity or increased resistance, either acquired or inherited, is increased by a process within the cells of the body and that the properly selected homœopathic remedy is a method of nature to develop or to increase immunity. May we at this time also emphasize the point that a surgical operation does not spoil a case for the remedy. It may call for a change in the remedy, but if our law is a true one no accident, whether surgical or otherwise, contraindicates the indicated internal remedy.

Before preparing this address and to fortify myself regarding these statements, a letter was addressed to thirty-five surgeons taken at random and scattered over the United States from San Francisco and Portland to Boston and New York, and from the Gulf to the great lakes. In that letter the following questions were asked:

1. What extent do you use homœopathic remedies in pre-operative preparation of your surgical patients?
2. Do you find the homœopathic remedy of value in the post-operative treatment of your cases, and to what extent?
3. Have you observed that the homœopathic remedy is of unmistakable benefit to your patient when used in connection with surgical operation?

In commenting on these replies let me first say that if you are in need of, or desire a re-awakening as to the value of homœopathy, just send out a similar set of questions to fifty or sixty of the most successful physicians of our school and ask them to answer those questions and you will be inspired to a closer study of Richard Hughes, William Tod Helmuth, Samuel Hahnemann and the long list of other great men, past and present of our school.

In asking these questions it was understood that names should not be used in making the report, but if you could derive the benefit that has come to me from reading these thirty to thirty-five testimonials, it would well repay me for breaking a promise and giving a full reading of these letters. Designedly this questionnaire was put to both young and old surgeons. The first question was difficult and unsatisfactory to answer for the reason that most patients do not come under the observation of the surgeon until operation is needed. But listen to this answer from one of the young and very successful surgeons of this Society—"I use homœopathic remedies to the exclusion of all others in

pre-operative preparation of my surgical cases, with the single exception of a cathartic on the night preceding. I am fortunate in being associated with a most skillful prescriber and my observation of his wonderful results has impelled me to utilize our *Materia Medica*, to the exclusion of all else." Hear again from a surgeon long tried in the practice: "No surgical case is properly treated without homœopathic treatment before as well as after operative work." He says: "I find arsenicum before operation reduces postoperative nausea and thirst in a great many cases." Another surgeon of long years of clinical practice relates that the properly indicated remedy, with no cathartic but instead a simple enema as pre-operative treatment in a series of 200 cases showed a greatly decreased amount of postoperative nausea and gas.

Question number two brought forth a most interesting array of answers, paying tribute to the efficacy of the indicated remedy.

Hear this from a man whose name and fame is familiar to us all: "I have been accustomed, all my professional life, to use homœopathic remedies after surgical operations and my experience has been such that I do not want to change." Again from a teacher of surgery of long experience: "I prescribe for my postoperative cases with the same care that I would prescribe for any sickness." Another, an ex-president of the American Institute and a life long teacher, says, "Emphatically yes. I should hate to practice abdominal surgery in any form without a class of remedies which I invariably prescribe to overcome the pain and nausea, the abdominal distress, the resorption of septic products, the inactivity of the bowels, and the tendency to renal insufficiency, which is so often present in postoperative cases. I also use the homœopathic remedy to overcome the restlessness and insomnia so often met with." He goes on to make this most interesting statement, "I deem strychnia in homœopathic doses, administered hypodermically, of greatest possible benefit in overcoming surgical shock. Dr. Crile in his experiments on animals in the production of shock shows conclusively that it is exceedingly difficult to differentiate between surgical shock and the shock incident to toxic doses of strychnia. He has failed to see the benefit to be derived from strychnia in so-called substitutive doses." In these days of the wayward son, listen to this from the son of one of our greatest surgeons, "Any man who has failed to take advantage of a homœopathic remedy in postoperative

treatment of cases does not know what he has missed. Homœopathic drugs are used in every case."

Regarding the third question, almost without exception it is the testimony of those surgeons who were asked the question that the homœopathic remedy in their experience has been of unquestioned value in connection with surgical procedure.

If the above questions and answers have been fairly asked and answered, it gives this Surgical and Gynecological Society a very good reason for an existence, but at the same time it places upon it an obligation to do a very definite work in addition to the skill incident to surgical procedure. It makes a demand for further investigation and record before this society of the remedies you use and their special indications and classification so that the young surgeon and the old one as well may have a medical food served in twentieth century style that will help him the better to cope with pre-operative and postoperative treatment of his surgical cases. Surgical technic is of the greatest importance, diagnosis is imperative and must not be neglected, but we must not forget that our duty does not end by simply bringing our patient through an operation. The thing that must make us stand out superior in our surgical work is to relieve our patient in the most comfortable way and to bring about complete restoration to health.

If this Society is to increase the sum total of human knowledge it must do it upon the medical side as well as upon the surgical. Your observation of diseases both as a pathologist and surgeon better fits you to prescribe for a surgical case than your internist brother.

The past twelve months have seen greater strides in homœopathy than have been experienced before in a half a century. When two of the great commonwealths of this land, through their State Universities, have recognized the homœopathic law of medical practice within the past year, I say to you that it should give you cause to rejoice as you have never rejoiced before. It is only a vindication of the adage that "truth will out." Further, it is the reward of honest toil for more than a century. While the last decade has seen most marked progress in the general educational upbuilding of our own school, it must be remembered that this consummation is the result of the work and inspiration of the men down through the past century. I would further remind you that much of the work that has shown the

truth of our contention has been done by the scientist not in the medical field.

This tribute, this honor that has been paid the homœopathic profession by the establishment of colleges in the Ohio State University and the University of California has at the same time placed upon the profession its greatest responsibility of the past half century, if not of its whole history. It means honor only as that honor is backed by work such as we have never done before. It means that there is a demand for the best brains and the greatest amount of sacrifice in the interest of science from our profession in reducing that 12% death rate in the hospitals of America down to less than 5% experienced in our own hospitals of the country. Finally it means that this Society and all other societies of specialists in our homœopathic profession hold the key to the situation. Homœopathy is not a specialty which applies merely to so-called internist or general practitioner. It is a fundamental medical science which applies to abnormalities of the body in all of its parts. It is as fundamental to the specialists in diseases of the nervous system as it is to the specialists in diseases of the eye, ear, nose and throat, or surgery, or obstetrics. Its application and teaching must be as broad as medicine itself. To teach a student homœopathic materia medica and then send him to a surgeon who does not understand or practice homœopathic medication is to my mind unthinkable.

The truth of homœopathy will always remain. But let us not forget that many a truth becomes smothered under the wing of ambition. Never before has there been such a willingness to listen to evidence or to give room and money to honest labor. The destiny of homœopathy is in your hands. The clinical evidence of the past hundred years has proven it to those who have understood it and tried it. Its further elaboration and dissemination is in the hands of the 15,000 homœopathic physicians of America. This Society, having in its membership, as it does, many of the prominent physicians and surgeons of our whole profession, has a most unusual opportunity to assist in this great work.

It can be no longer said that there are no institutions well enough equipped for the teaching of medicine. Our schools from Boston to San Francisco are either strong, well equipped, well manned colleges, or colleges connected with endowed or State Universities. Our destiny is in your hands and you are equal to the task.

ACIDOSIS AND ITS RELATION TO ANESTHESIA*

T. Drysdale Buchanan, M. D., New York City

Vomiting, in varying degrees, is an almost certain sequela of anesthesia, even when the anesthetic is administered with great skill. Many of the cases to be sure show but a transitory phase of this distressing condition; in a small proportion it is absent, and in other cases it is prolonged to a degree alarming to patient and surgeon.

It is not the purpose of this paper to review all the causes of postanesthetic emesis, but rather to call your attention to but one reason and to remind you of some well known facts that have not received the attention they deserved as applied to your surgical patient.

In view of all that has been written on the subject, it will be taken for granted that you acknowledge acidosis is one prime factor in producing postanesthetic vomiting.

Brewer of New York City reports a case of acidosis in a child following a chloroform narcosis terminating* fatally. The condition was diagnosable first on the fourth day and presented the following symptoms: persistent nausea and vomiting, restlessness, thirst, delirium and a peculiar cry, dyspnea, tachycardia, acetonuria, with coma and rapid rise in temperature toward the end. In addition, acetone could be plainly smelled in the room on entering. This case presented all the classical symptoms, and in the deaths reported by other observers the symptoms were identical; some cases being complicated by acute yellow atrophy show icterus as an additional symptom.

Every observer reporting on acidosis reports that acetonuria is present in at least 50% of the cases receiving a general anesthetic and acidosis is present in practically all cases if the hydrogen ion concentration test is made.

Personal records of over 450 cases, as observed at the Hahnemann Hospital, show acetonuria present in but six cases previous to anesthesia and in about 60% of the cases after anesthesia. Acetonuria was present in all the cases when the vomiting persisted beyond the first day, except in two cases where the vomiting was caused by acute dilatation of the stomach.

The length of the anesthesia did not appear to influence this, except in the very short cases, and acetonuria was present in

*Surg. and Gyn. Society. A. I. H., 1915.

greater amount following the chloroform cases, less after the ether, and found present in only two cases of nitrous oxide and oxygen.

Acetone in the urine is found in cases of starvation, especially carbohydrate starvation, and the suggestion of Buckler¹, Hogan², and other observers, that patients be put upon a diet of cereals, sugar, candy and other carbohydrates for two or three days before an operation, and up to within six hours of operation, is a very logical one.

Those cases showing a pre-operative acetonuria should certainly be placed upon this diet until the urine is alkaline in reaction, if you would avoid an additional risk.

According to Crile morphin in no way affects the amount of acetone if given previous to its appearance, but does inhibit the return of the blood to alkaline if given after acidosis has taken place. It is, therefore, contraindicated in cases of showing acetonuria before operation.

The free purging of patients is said to produce acidosis—merely another argument against this practice.

Anoxemia tends to acidosis, therefore, we should avoid cyanosis during the narcosis and the addition of oxygen to whatever anesthetic is given is of benefit.

The postoperative treatment consists of frequent sips of a 2% sodium bicarbonate solution and either retention enema or rectal drip of a 5% sodium bicarbonate solution with 1% of glucose until carbohydrates have been restored to the diet.

Clinically, we can report three cases of persistent vomiting due to acidosis, and all of them relieved by following out these suggestions.

Crile maintains that patients presenting a fruity breath, dry pink lips, dry skin and acetonuria, should never be given a general anesthetic, and our observations would verify this statement.

In children presenting a pre-existing acidosis, the operation should be postponed until this is corrected, unless it be an emergency. If the operation be imperative, then the antidotal treatment of alkalies should be immediately started. As the prophylactic and antidotal measures are very simple and easily accepted by the patient, why not institute them as a routine and thus make the exceptional fatal case of even greater rarity.

One can not see a case of acidosis or read the symptoms without being impressed with the similarity to phosphorus poisoning,

so perhaps phosphorus in dilution would be an additional advantage.

If one will follow out these suggestions, you will not entirely eliminate postoperative vomiting in every case, but you will in many, and of a certainty, shorten the duration in most.

It is, therefore, urged that your anesthetist in the future be furnished with more data regarding the urine of his patient as regards acetone, and that you reform slightly your methods of preparing the patient for operation.

In conclusion, I wish to thank Dr. Geo. Alcott, the pathologist, for his painstaking studies in the series of cases referred to.

1. American Journal of Surgery, Anesthesia Supplement, Oct., 1914.
2. Idem, April, 1915.

CLINICAL MEDICINE—CHAIRMAN'S ADDRESS*

C. E. Sawyer, M. D., Marion, Ohio

It has been my purpose in making up the program of this Bureau to demonstrate by the papers of the men invited to participate, that every branch of medicine is progressing; that Homœopathy and Homœopathic practitioners are in the vanguard. I have sought in arranging the subjects to cover the widest possible range; so that every practitioner might find something that would interest him and prove useful in his work.

The specialists of our fraternity always provide for their colleagues much of particular interest, so it becomes the part of the Bureau of Clinical Medicine to exploit and expound new and useful things in the general field of medicine.

To that end I have asked the gentlemen appearing on the list of speakers to come with quick-firing guns, loaded with shells of practical information, aimed directly at the mark and that mark the welfare of all humanity. How well they have succeeded will be left to your judgment at the close of the day.

It is my purpose as Chairman to have every minute devoted to this Bureau full of interest. That all may understand the rules of the game and govern themselves accordingly, I wish you to take notice that the speakers are allowed twenty minutes each for the presentation of their topic and that twenty minutes will be allowed for discussion. Each individual entering into the discussion will be allowed five minutes. With this understanding the battle is on.

*Bureau of Clinical Medicine, A. I. H., Chicago, 1915.

AUTOGENOUS SERUM AS A DERMAL THERAPEUTIC AGENT*

By Frederick M. Dearborn, A. B., M. D., New York City

The consideration of a method of treatment so new in American medical literature and only dating from 1910 in German journals demands, in order that a suitable preface may be given, that the results of the earlier experimentations with human serums be briefly outlined. Most of this data has been published in abstract in our dermatological reviews, but, in case it can not be readily found, a list of the original articles together with the more recent contributions, is appended. At the outset an important distinction must be made between the use of human serum or blood taken from other individuals (homologous serum) and the supply drawn from the individual's own circulation (auto-genous serum). The former will now be considered, as an introduction to the latter, only with an idea of making the subject in discussion better understood.

Mayer and Linser¹ reported in a Munich Journal (Dec. 1910) the result obtained from the treatment of that obstinate rare dermal manifestation of pregnancy, herpes gestationis, by the injection of human serum obtained from another but normal pregnant woman. To summarize, two injections of 10 c.c. given intravenously, three days apart, caused a complete relief of the distressing symptoms in two weeks' time. Similar results in the treatment of toxic dermatoses of pregnancy were reported in 1911 by Freund², Mayer^{3,4}, Fetzner⁵ and Linser⁶, by Veiel⁷ in 1912, and by Rübsamen⁸ in 1913. Led by his experiment with herpes gestationis to apply this specific treatment to similar conditions not related to pregnancy, Linser^{9,10,11} published three articles, giving good results in the treatment of strophulus and urticaria of children, pemphigus, purpuric conditions and prurigo. Then von Heuck¹² reported favorably upon its use in pruritus senilis, urticaria, infantile strophulus and dermatitis herpetiformis, but little or none in eczema and neuritic dermatitis. Von Zumbusch¹³ gave a divided report on the treatment of six cases of pemphigus. Ullman¹⁴ suggested that the good results obtained in the treatment of pruritus came from suggestion rather than the normal human serum which he used in all his experiments. Poor or negative

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results were obtained in eczema and dermatitis herpetiformis.

It is interesting to note a few similar therapeutic endeavors. Thus Praetorius¹⁵ cites a case of pemphigus cured by one injection of human blood. Linser¹¹ used the exogenous human serum from a normal pregnant woman to relieve the toxemias of pregnancy. Fieux and Dantin¹⁶ relieved intractable vomiting in the same manner. Bennecke¹⁷ successfully used a mixture of normal sera in cases of scarlet fever, typhus and sepsis. Franz¹⁸ used serum from the umbilical cord in the treatment of erythema multiforme of pregnancy. Freund¹⁹ reported cures from horse serum in the treatment of eclampsia, vomiting of pregnancy and itching erythema. Autogenous blood has been used by Ravaut²⁰ and by Spiethoff²¹. The experimentations of the latter, using homologous and foreign serums, alone or in combination with the autogenous, resulted successfully in the treatment of prurigo, urticaria, dermatitis herpetiformis, psoriasis, eczema and a number of non-dermal conditions.

Spiethoff's^{22 23 24 25} writings have largely influenced recent serum treatments, given encouragement to the treatment of intractable diseases like psoriasis and made autoserumtherapy more popular than the other serum methods mentioned before. In our own country little has been done along this line of therapy, but since Gottheil and Satenstein²⁶ reported in 1914 on the results of the use of active autogenous serum, a few definite reports have been made as the result of real painstaking labor. I refer notably to further reports of the same authors²⁷ and to those of Howard Fox²⁸ and Hilario²⁹. In all these cases the fresh active autogenous serum was used. All of these contributions deal with supposed theories underlying the action of the serum, cite clinical cases treated with the amounts of the serum used, frequency of injection and results. None have neglected external applications. In fact chrysarobin ointment (2 to 10 percent.) has been used in practically all of the psoriatics. The point being made that a weak percentage of the drug will do the work assisted by serum injections, that the ordinary 20% or stronger would not do without it. Gottheil reported on the satisfactory treatment of three cases of eczema, six of psoriasis and one of leprosy and stated that the aforesaid results from serum treatment were more noticeable in psoriasis cases, and later that the results in 12 cases of psoriasis had been uniformly satisfactory.

Howard Fox²⁸ gave an interesting report on 28 psoriasis cases varying in age from 11 to 54 years, eleven being males and seven-

teen females. With the exception of two all were ambulatory, mostly dispensary cases. The duration of the disease varied from two to forty-five years. The interval between injection was three to five days and in all but one case at least three injections were given. He claims that the best proof of the virtue of the combined serum and local treatment was shown by the responsive behavior of certain cases which at some previous time had been treated unsuccessfully with applications of chrysarobin alone. Fox's conclusion may be summarized by saying that he considered autogenous serum valuable as an adjunct to chrysarobin in treatment of psoriasis but of no value used alone, that the injections are harmless if the proper technic is used and that the latter is comparatively simple.

Hilario²⁹ reports on thirteen cases treated with the fresh autogenous serum as follows: one of hydroa aestivale, three of dermatitis herpetiformis, one of lichen planus, four of psoriasis, two of urticaria and one of epidermolysis bullosa. He delves into the theoretical basis of his good results and quotes liberally of the various theories. His conclusions are interesting in that he treated other diseases besides psoriasis and believes that autogenous serums are excellent as antipruritics, may spontaneously cause involution of actinic and neuritic dermatoses as well as those proven to be irresponsive to chemical medication. Further he points out a safe technic with no clinical reaction. Concerning psoriasis he claims that the resistance of the psoriatic lesions are reduced to such an extent that the weak chrysarobin ointments (2 to 3%) work readily but the earlier their application, the quicker the lesions will disappear.

It must not be gathered from my review of Fox's and Hilario's reports that they alone are doing this work, because a number of American dermatologists as well as such a master as Neisser of Breslau and others on the continent are actively engaged in it.

It behooves me after this long preamble, only necessary because the subject is in its infancy and needs vigorous backing, to explain my own experiments. These wholly concern clinical results and bear no relation to theories. Soon after the initial American report came to my notice, I selected a number of cases, and determined as far as possible to limit the cases selected to adults between twenty and forty years of age, whose dermatoses might be classed as neurotic or at least who possessed marked subjective sensations. They numbered from first to last twenty-

six, but six must be ignored because they discontinued treatment for one or more very good reasons. Those remaining comprised eight females and twelve males, four from public and sixteen from private practice, and were all ambulatory except four. They were treated at least three times at intervals of a week (in a few instances, one day more or less) with an average injection of 20 c.c. of fresh autogenous serum. The technic of these performances will be described later, and takes from thirty to forty-five minutes from the time the blood is withdrawn to the time the serum is introduced.

All the diseases treated ought to be termed chronic or at least persistently recurrent. They embraced one of pompholyx, two of pemphigus, two of dermatitis herpetiformis, four of urticaria, two of eczema, two of pruritus generalis and seven of psoriasis (duration from three to twenty years). The last named all presented marked itching, due no doubt for the most part to the seborrheic involvement, and further they were not cases presenting localized lesions but generalized, apart from the scalp. I discontinued all internal and external treatment for a period of two weeks previous to the serum therapy and during the treatment thereof; this procedure being in contradistinction to other investigators. The only external treatment employed during the period of injections consisted of olive oil, vaseline or ung. rosae, all non-medicated. Thus I believed it could be determined just what the autogenous serum is worth by affirmation rather than by negation, instead of offering (as a basis of comparison and deduction) cases treated externally first and later subjected to both serum and external means. Before these experiments most of my cases had enjoyed the usual external antipruritics and keratolitics when needed and had received a rather extensive dietetic, hygienic and internal medicinal care.

Since this series of experimentation covering a period of six months further autogenous treatments have demonstrated the superiority of a mild external application (not chrysarobin alone) in the cases of pruritus generalis, eczema and psoriasis and of dietary regulations in all varieties. But considering the first experimentation, and it is of this that I can speak with certainty, all experienced relief of the varying and characteristic subjective sensations, except one case of eczema and one of psoriasis. The lesions were not notably influenced *per se*, but the patent fact of relief from scratching is no mean factor in the course of dermatitis herpetiformis, urticaria, eczema, pruritus and psoriasis.

Correspondingly the appetite, sleep and general health were benefited; six of the cases increasing in weight four to ten pounds in two months' time.

Experience in giving intravenous injections or in simple venipuncture is an aid to the proper technic which Spiethoff has sufficiently outlined. There is, however, a certain amount of elaboration possible, and if this increases efficiency either as regards safety, rapidity or ultimate relief, it is well worth while. Everything used must be perfectly sterile, the McCrae needle, the 50 c.c. cylindrical glass container, the 30 c.c. glass syringe and the connecting rubber tube. About 50 c.c. of blood is drawn off from a cubital vein, electrically centrifuged until the serum is well separated from the sediment of corpuscles and fibrin. The number of revolutions per minute necessary to properly centrifuge will depend upon the apparatus used and the necessity for haste; I have varied it from 1,800 to 2,400 per minute, but the lower speed is preferable. I have mentioned the time necessary for the complete operation, but quickness should not be the main object. There are undoubtedly advantages in having the blood well coagulated before proceeding to centrifuge, because if desired, a greater amount of serum may be obtained and then there is little chance of mechanical hemolysis. The serum should be clear, greenish-yellow, without precipitates, and if all aseptic measures are observed, should not cause clinical reactions as noted by Mayer and Linser. I have not seen any of importance. If possible a short period of rest should be given after the injection, ten to twenty minutes is sufficient. It is not absolutely necessary, but those nervously inclined or apprehensive enjoy the respite.

Data concerning the individual cases, I purposely omit, because I do not wish to obscure the main object of this record, my clinical deductions, by adding unnecessarily to the length of the report. If it be permissible to draw conclusions from such a small number of cases, carefully avoiding reference to my later but unfinished experiments with the combined serum and external medicinal agents, I can offer the following

Conclusions

1. The technic of this variety of serumtherapy is simple and its application safe if ordinary precautions are observed.
2. No severe reaction may be expected beyond an occasional erythema or a transient urticaria.

3. The patient's general health may be markedly benefited as noted by improved sleep and appetite and increased bodily weight.

4. Autogenous serum should be considered for any itching dermatosis that has resisted the ordinary remedies, but it should not be given the preference over simpler means until the latter fail.

5. Apparently this treatment alone does not influence skin lesions, except as it relieves subjective sensations and hence prevents scratching. This, however, is no mean detail in the progress of any disease.

6. It is premature to claim permanency for this method. It is obviously impossible to judge this fact because of the short lapse of time since the experiments were conducted and because many of the diseases are of a recurrent nature.

7. None of the theories advanced by the authorities quoted cover satisfactorily all the points in question so the real action of autoserumtherapy must be said to be undetermined as yet.

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THE NATURE OF LIFE*

By Orange S. Runnels, M. D., A. M., F. A. C. S.

Until the 15th century A. D. it was the belief that the earth was the center of the universe; that the sun and stars, as well as the moon, traveled around it, and that everything was brought into being in one hundred and forty-four hours, in the year 4,000 B. C. In due time there came a fund of information and the thoughts of men were widened. It was realized that the primitive idea was too diminutive; that time, space and the mode of creative procedure had not been adequately conceived, and that the scale of it was incomprehensibly great.

World history indicates that the creation has been a long-drawn-out and progressive operation—a natural development of infinite extent, rather than a quick and miraculous achievement. Everything teaches that precedent to, and following, all material formation the "Spirit of God" has been moving in nature; a living energy has been springing into being wherever the conditions have been complied with; a voice has been saying, "Let there be light," and light and life have followed. Believing that "God is the same yesterday, today and forever," the conclusion is unavoidable that creation has been continuous forever, from "good" to better.

Looking through cosmic history we have found God's ancient records in astronomy, geology, biology and comparative anatomy, and thus have been shown by the Master himself the steps and gradations in the process known as the creation. We have stood by during the building of the animal body; have watched the fission, division and multiplication of cells from one to billions; have seen the beginnings of the nutritive apparatus, the laying of the keel or column of the vertebrates, the erection of the skeleton, together with its enclosure and equipment with organs—one after another as need was announced; have followed the modification and reconstruction of organs as they have assumed new or larger functions and finally have noted the discard of some of them after they have served their day and have been left as obsolescents in the inventory that we possess. The story of development, thus made intelligible by knowledge from indisputable

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sources adown the pathway of events, tell of the eons of time that have elapsed since the creation of man.

These findings have had to do, for the most part, with what is called the physical side of life—if life has two sides; but along with the unfoldings of the life physical, has been the corresponding definition of the life spiritual. While the body of man has been attaining its high state of development, his spirit has come to an ascendancy of function out of all proportion to that reached by its material accessory. While the body of man has made but slow change from age to age, the spirit, the mind, the soul of man has developed so rapidly, comparatively, that the parallel, in rate of disclosure, was lost long since.

Thus, as the efficient life is increasingly attained and higher education of spirit is reached, man realizes that his physical formation is the creature and servant of his personality, and that his existence is lived in fields of experience above the range of his physical nature. For man is more than a material being; more than an assemblage of twelve chemical elements; more than a machine requiring, per day, forty or more hogsheads of air and three or more pounds of the aforesaid elements to minister to his existence. "Man does not live by bread alone, but by every word that proceedeth out of the mouth of God," by daily ministrations to his spiritual nature, by increasing and fuller development of his soul.

Starting with the first recoil from an irritant in embryonic life we have the primary evidence of spirit presence, or nascent intelligence. Response to a nerve-impression is the first sign that the spirit gives that it is conscious of contact with other things. It is the first instance of obedience to the law of self-preservation. It is the answer to the first question ever propounded to man: "Is the thing encountered good for me and permissible?" or "Is it bad for me and to be avoided?" From this time onward, as the successive stages of life are reached, various terms are applied to it, such as instinct, habit, sagacity, subconscious mind and mental faculty. Along with the earlier cognitions are evidences of will-power, determination, self-assertion and perseverance; expressions of sympathy, affinity, affection and love; proof that the new being has realization and is the possessor of mentality and choice of action.

At this period of my life, I am said to have a mind, a soul, a spirit; but it has been my spirit all the time in process of coming to myself. It has been the acquisition of the knowledge that I am I, with power to act for myself in and upon the world. My spiritual independence, I have now achieved; I am admitted to the privileges of independent life.

The designation *I am*, does not apply to my body, but to my soul. It applies to that part of me that thinks, and feels, and exists, whether I am in the body or out of it; that anticipated the coming of my physical organism and has assisted me in climbing all the rungs on the ladder of my development to the height from which I get vision into every kingdom of this world and a foreview of the world beyond.

The fact that man can direct his thoughts to his own nature, origin and destination puts him in a class by himself. What he has accomplished in the acquisition and utilization of knowledge, along every line, has been simply prodigious. Behold the grand total of his accomplishments: Discovery, invention, exploration, engineering, architecture, language, music, painting, scholarship, money, machinery, and all the countless benefits which stand to the credit of man. And still no day goes by that does not extend the boundary of human learning and ability. What has been attained is but the beginning of his endless possibility.

The greatest asset of the soul is the faculty that rectifies conduct, the voice that applauds or condemns action, that authority in the heart of every man that tells him the difference between right and wrong. It is the monitor that fills him with joy, exaltation and satisfaction when his conduct is in accordance with right; or that whips and scourges him with humiliation, remorse and condemnation, when he has chosen to do wrong. Conscience is that closest friend that tells one of his faults; that admonishes him continuously, until the wrong is righted; that gives a sleepless pillow and drives him to the ends of the earth if reparation be not made.

"My conscience hath a thousand several tongues
And every tongue brings in a several tale
And every tale condemns me for a villain."

The universe exists and we exist in it, in obedience to law. All that we know of it is under the regulation of law; and all

that we do not know of it must be under the same dominion. For each day's revelation concerning things hitherto unknown proves that the unseen world is evermore a realm of law and order—that

"God's in his heaven,
All's right with the world."

The more we investigate the nature of life and the indestructible forces allied with it, the more we realize that the "Everlasting Arms" are beneath us, that there is no "doubtful doom" in store for human-kind and that our never-ending personality is assured. Man's spirit is part and parcel of the universe and is indestructible. This conclusion is accordant with the belief of all the greatest souls of earth; it is harmonious with all the best thinking in human experience and with all revelation in spiritual life. No other message has meaning in it, and no other thought is worth thinking.

Prince Bismarck said in 1878, "I live a life of great activity and occupy a lucrative post; but all this could offer me no inducement to live one day longer did I not believe in God and a better future."

Creation is going on today as actively as at any time in the never-beginning past and it is sure to go on progressively throughout the never-ending future. All that was, and is, and ever shall be is embosomed in the nature of God—no jot or tittle of whom, we must believe, ever has passed or can pass away. "In Him we live and move and have our being," and shall so continue to do, shall we not? in all the future as in all the heretofore. In what granary my spirit was stored, until it was commissioned to germinate, flower and bear fruit in this world, I do not know. I only know I am here in the garden of my God, that he is my caretaker, and that "I shall not want."

In Memoriam

We are met tonight to think of and to commune with a host of our fellows who have gone from us, but who strove while here as we are striving now, to disseminate truth and to serve mankind. It is meet and proper that we should emphasize their sterling qualities and praiseworthy deeds; and "that we should here rededicate our lives to the cause for

which they gave the last full measure of their earthly devotion."

Knowing, as we do, how thoroughly intent their spirits were while in the flesh to spread abroad the "good news," that they, with us, had received, we are confident that they are sympathetic with us still, wherever they abide, and that their influence, as far as possible, is exerted in aiding us in the furtherance of the work that we are carrying on.

With our present knowledge of spirit-power and spirit-communication, even when bounded and restrained by the material body that we inhabit, we can realize to some extent the pervasiveness and stimulating influence of personality, freed or not, as the case may be, from its physical shackles. Our earth-experiences have been such as to convince the dull-est intellect that he is at times in touch with spiritual presence and that influences for good from unseen sources come to him in exalted moments, that are real and veritable to a thrilling degree—moments that are memorable for a life-time—moments that are epoch-making in human life.

It does not require a scene of transfiguration on a mountain top; or a tragic vision on a Damascus road to convince any sensitive and deep-reading soul that influences are coming to him, he knows not whence, that voices are speaking to him in the silence—audible voices, though no material being is near—that soothe him, guide him, inform him, and that put wisdom, courage, hope and trust into him, where before was indecision, mistaken resolution, cowardice, unbelief, and despair. "I will not decide until tomorrow—until I have slept over it." This is more than "such stuff as dreams are made of," although many a man has been warned by a dream that was veritable and realistic to a startling degree, in subsequent occurrence. Whose voice was that?

These are not the vapid imaginings of the weak and the credulous, not the counterfeits of fakirs and frauds, but gold from the mint that must pass and will pass current whether there be man-made laws to govern exchange or not.

Such experiences came to Abraham Lincoln, as he himself confessed, in the dark days when gloom was so dense as to be felt; they are doubtless coming to Woodrow Wilson today, as he is threading his lonely and perilous way; and have come to all the good and the great since men have been re-

sponsive to the still voice. Let him who has eyes open them that he may see; let him who has ears unstop them that he may hear, and let all men grow more sensitive to the wire-less messages that are coming to them from everywhere. Has the time not come when cavil and doubt and agnosticism shall no longer prevail touching the facts of our spiritual nature and the ongoing of our life on any sea or shore where God in His goodness may see fit to grant us a career?

Environed as we now are, it is difficult for us to think of untrammelled spirit-life, to divest ourselves of the idea of a place of residence; a city, or a house in which to reside. Thus we endeavor to fancy the whereabouts of our future abode; how we shall conduct ourselves there and how our friends will receive us when we shall come to them. But every day has its new experiences and all of this can be left for the discoveries of tomorrow—the life of today carried over.

In the earth-life, home is where the heart is. It is the atmosphere of the affections, where mother-love and father-love is breathed into our lives and where all that we know of the love of God has been learned. It is for this reason that there is no place like it. And true to my love, when I shall receive permission to disregard the force of gravity, I expect to fly as on wings of light, to all that are, or ever were, nearest and dearest to me.

Where in the universe could our absent friends be that is nearer to God than in the spirit-atmosphere of the earth that we inhabit—this place where they spent in time their childhood, youth, and manhood, and where all of their remaining dear ones are in longing thought of them?

I get great help from the thought that I am watched over and ministered to daily by the spirits of my father, mother, wife, children and sympathetic ones from everywhere, that have preceded me; that my good resolutions are strengthened by the communicating glow of their approbation, and that I have inspirations and sublime moments when, as I love to think, "helping hands across the sea" are extended to me by my living but unseen loved ones all about me. St. Paul had this conception when he spoke of the "cloud of witnesses" that surrounded them in that elder day.

So it is that in this presence it is a great satisfaction and joy to realize that there are gathered with us in this room

tonight hundreds and thousands of kindred spirits who have been with us in years ago. If now we could only see them as they gather with us, and exchange greetings, heart to heart, after our wonted habit, what a rich flow of soul we should have! "Speak to him thou, for he hears; and spirit with spirit can meet."

I welcome you, one and all, to our meeting tonight, and extend to you the deepest greeting of the heart. A thousand visions throng my memory as I recall our mutual experiences as we walked and talked and worked together on the way. I find no place that does not bring sweet thoughts to me of all of you, my fellow-travelers, whenever it was that we journeyed together.

Let us, therefore, who are still clothed in the material body, visualize our honored guests tonight and bid them all a welcome home. It is a great pleasure to commingle again and to breathe the oxygen of heaven once more in common with you who have been absent from us for a little space. Forgetting none, my heart throbs with warmest hospitality to all as I reiterate, what you, doubtless, know full well, that your works are living on after you and that your example and presence are to us a never-ending source of inspiration and fidelity.

To all of this goodly company, then, I bid you hail and farewell, until we meet again.

1100 North Meridian Street.

Potency Limits.--It is due to the discovery of radium that these latest calculations were obtained. A measured quantity of radium salt was placed at one end of a tube of known length. In the middle of the tube was an aperture of known size. At the other end was a sensitized plate connected to a very delicate galvanometer.

Among the constituents of the radium emanation is the gas helium. It was given off from the radium at one end of the tube, passed through the aperture in the middle and striking the sensitive plate caused a deflection of the needle. As each molecule of helium came down the tube it caused the needle to move as it struck the sensitive plate. It was almost like watching the molecules themselves. The number of molecules given off per minute could be counted with the naked eye.—*Barbour, Pac. Coast Jour. Hom., June, 1915.*

ALFALFA—OBSERVATIONS UPON MEDICAGO SATIVA*

By Alexander L. Blackwood, A. B., M. D., Chicago

Synonyms: Alfalfa, Spanish Clover, California Clover and Lucerne.

This is a leguminous plant. It has been cultivated from ancient times and is highly prized as a pasture and forage plant. Those who have observed its influence when employed as a forage for stock must have been impressed with the favorable results obtained from its use.

During the past year observations were made of the action of alfalfa on seventeen persons, most of whom were students in the Hahnemann Medical College of Chicago. In the proving the drug was used from tincture to 30x. No definite symptoms were developed, however, above the 3x. It was noted that several provers complained of severe abdominal distress when more than five drops of the tincture was administered every three hours. Although two took as high as twenty drops every three hours they had no symptoms apart from an increased appetite and an increase in the quantity of urine. All of the provers except one noted three things in particular, an increased appetite so they could not wait for the regular meals, an increase in the amount of urine and urea, and a general sense of well-being. Clinically, in small doses, five drops of the tincture, it controlled polyuria with loss of appetite, caused an increase in weight, and allayed the irritation from an enlarged prostate.

The composition of the hay, according to the U. S. Department of Agriculture, is:

Water	84%
Ash	7.2%
Protein	14.3%
Crude fibre	25%
Nitrogen free extract.....	42.7%
Ether extract (fat).....	2.2%

I am indebted to Boericke and Tafel for the medicine used, and to Ben. H. Huggins of the laboratories of the Hahnemann Medical College, Chicago, for the following:

Report of Alfalfa on Guinea Pigs. They had one c.c. of

*Bureau of Materia Medica, A. I. H., 1915.

an infusion twice daily and the following points have been noted:

1. The pigs apparently are very fond of alfalfa since they take the same without offering any resistance.
2. They cry for food and water and since taking the alfalfa they eat twice the amount of food that the other pigs eat.
3. They drink much more water than the pigs not getting the alfalfa.
4. Those fed on the alfalfa apparently pass more urine than those not getting it.
5. The bowel excretions of the pigs fed on it are softer and more waxy than the bowel excretions of those not fed on alfalfa.
6. The alfalfa apparently acts on the intestinal mucosa as a laxative and on the epithelia of the kidney as a diuretic.

Pathogenesis

Mind—Clear and bright; good for the blues which it seems to prevent while taking it. Makes one rejoice to be alive. All bodily functions seem to be stimulated. Under large doses the provers feel sluggish, drowsy, dull, stupid, irritable, worse during the evening.

Head—Pain in the left side of head. Dull heavy feeling comes on about 2 p. m., and gradually increases till 6 p. m., starts at the occiput and becomes severe.

Eyes—aching in and above the eyes.

Ears—Eustachian tubes feel closed at night but clear in the morning.

Face—Flushed.

Appetite—The appetite is greatly increased, and the prover appears to digest food well. Desire for sweets. Hungry all the time, eating much more heartily than at other times. Sensation of hunger at all times. Appetite is increased. Sometimes ravenous. Must stop and have something to eat in the middle of the morning. One prover says, "I regularly eat a light breakfast, but have been able to eat more for breakfast than usual; a similar increase in appetite for other meals; digestion is very good; although more food is eaten, it is all digested and causes no distress; ordinarily, if I overeat for two or three meals, I feel filled up and stuffy and lose my appetite and care only for bread and lemonade for a meal or two; but under this remedy I eat extra

bread at every meal." Another prover seemed to have a little wind colic occasionally. There were sharp pains which would come and go generally about three hours after a meal; did not have passing of gas up or down, however.

Abdomen—Abdomen distended with flatus in the intestines, pain in the line of the colon. This was recorded by seven provers.

Stools—Diarrhea, painless, yellow, accompanied with flatus and attended with burning. Stools loose and more frequent than usual. Two or three times daily. "I am usually constipated."

Urine—Marked increase in the quantity. Indican increased by large doses. Phosphates increased.

One prover says, "I took the specific gravity and urea percentage every day while taking the medicine. For several days the specific gravity was 1010 or 1008 and the urea 15 grams per liter. These figures gradually increased until after taking it for about ten days the specific gravity was 1020 and the urea 25 grams per liter. These figures were sustained for several days and then dropped to about 1015 specific gravity and 20 grams per liter, of urea. I was taking increasing quantities of the medicine when these figures were lowered. Whenever previously examined, my urine has been very low in total solid content, and these figures show the largest renal elimination I have ever had."

Female—Increased desire. Menstrual period came exactly 28 days. Had been coming three and four days ahead of time for past six months. Did not notice any difference in the flow.

Sleep—Sleep very good. Better than usual in the early part of night.

Clinical Cases

Mr. D, aged 41, a chief clerk in the general offices of one of our railroad companies, had complained for several months of losing flesh. His appetite was poor, he did not relish his food. There was present an abnormal thirst, a loss of flesh, and polyuria. The quantity of urine for twenty-four hours was eighty ounces, specific gravity 1008. Nothing abnormal apart from an excess of indican. The prostate was enlarged and sensitive to pressure. He complained of some irritation upon urination. Five drops of the tincture was prescribed four times a day. After two weeks he sent a messenger for a supply stating it had greatly benefited him. He called at the end of two months having gained ten pounds, the urine at this time was practically normal in quantity, the ap-

petite was fine and he considered himself in a normal condition.

Mr. G, aged 29, complained of a loss of weight and appetite, excessive thirst, polyuria and mental depression. This syndrome had been gradually developing for the past year. Physical examination showed a man of medium size, emaciated, heart action weakened, blood pressure lowered, stomach slightly dilated, prostatic portion of the urethra hypersensitive. The urine was greatly increased in quantity and of low specific gravity; free from casts and albumin; the phosphates were increased. Five drops of the tincture before each meal and on retiring gradually relieved the condition so that in three months he considered himself well.

I am indebted to Dr. Finley Ellingwood for the following excerpts:

A physician having observed the active influence which this exercised on kidneys, occasionally dug roots and made a strong tincture which he administered for diuretic purposes. In his experiments he increased the dose from a few drops until he obtained a diuretic influence. Prescribing it in a case where there was dropsical effusion of the extremities with kidneys inactive and skin dry, he obtained good results. Administered for old men, he found it relieved the irritation and frequent inclination to urinate.

Dr. Houts gathered the fresh leaves preferably, but obtained good results from the use of dried leaves which still retain a green color. Of these he made an infusion and gave freely to patients suffering from backaches, especially if they were passing but a small quantity of water while suffering from rheumatic symptoms or backache with muscular aching, with an excessive quantity of uric acid and urates secreted.

Dr. Ben Bradley of Hamlet, Ohio, believes that alfalfa is one of our coming drugs. He reported a case where a woman had seven children born apparently strong and well, but when they reached the age of eighteen years they wasted away and died. When the last girl was taken with the symptoms of which the others had died, Dr. Bradley made a saturated tincture of alfalfa seed concentrated, fully saturated, and gave her ten drops four or five times a day. This is reported to have increased her weight from 99 to 133 pounds. She recovered good health.

Dr. Houser of Lincoln, Ill., tried the same preparation on two or three very thin female patients to see if their weight could be increased but without result.

The late Dr. Fearn of Oakland wrote that its action was:

very soothing upon the kidneys and urinary apparatus. He believed that it could be prepared for human food to as good if not better advantage than for animal food. A concentrated tincture should exercise an influence similar to that of *avena sativa* which has a direct nutritional value in its influence upon the brain and spinal cord. There is without doubt an important field open for this agent.

An infusion used in three cases produced the same results as the alcoholic preparations.

Discussion

Dr. Samuel H. Aurand, Chicago: Alfalfa has become a great forage crop. We all have seen splendid herds of fat, sleek cattle, hogs and horses that have been pastured in alfalfa fields. The original home of alfalfa is southwest of central Asia, and it was cultivated by the Persians long before the Christian Era and the name is of Arabic origin, "best fodder." It roots deeply into the soil sometimes as deep as fifteen feet, and grows best in soil rich in lime. Doctor Blackwood tells us that 7.2% of its composition is ash. A government report which I read says that a little more than 34% of this ash is lime. Therefore we have in alfalfa tincture a good potency of lime salts. 14.3% of its composition is protein and 2.2% fat. If these are given in proper quantities they will stimulate the functional activity of the liver and whole digestive system, as shown by the proving, but if they are pushed with a larger dosage the functions of these organs are deranged, as is also shown by the proving. The nitrogenous proportion in alfalfa is 42.7%. The ammonia and nitric acid in this must necessarily affect not only the mucosa of the digestive system but the epithelia of the kidneys as well. This has also been brought out in the proving. I believe we have the right to conclude that, if this drug were pushed to its limit, it would eventually produce indigestion and scanty elimination. In this event, the system would become like a corroded battery; acids and a variety of bacteria and a rheumatic or gouty state would ensue.

About a year ago, while in southern California, I rode considerably with Dr. John H. Pullin, a veterinarian of reputation. We saw several cases in horses and cattle diagnosed as intestinal indigestion, caused by eating too much alfalfa. These cases were very seriously sick and many of them died.

The conclusions to be deduced from Dr. Blackwood's proving and clinical records of alfalfa are these:

First, that alfalfa has a definite physiological or pathogenetic action upon the digestive system, the liver and the kidneys. If given in moderate dosage, about five drops three or four times daily, it will simply stimulate physiological function and produce a state of well being both mentally and physically, but if the dosage be sufficiently increased it will produce pathogenetic symptoms and the opposite condition. Dr.

Blackwood says under larger dosage the provers feel sluggish, drowsy, dull, irritable and stupid. He also says that the provers suffered with abdominal pain, flatulence and yellow diarrheal stools.

Second, I believe we can safely conclude, both from the proving and the clinical records, that the alfalfa patient has a sluggish mind, and a gloomy and irritable disposition.

Third, with our present knowledge of alfalfa I think its therapeutic scope can well be represented by the figure 5: That takes in the mind and disposition, the digestive system, the liver, the kidneys and all the tissues which are affected by the rheumatic state. Dr. Blackwood's proving together with his clinical records show plainly that alfalfa covers well this therapeutic scope and when indicated along the above mentioned lines it probably will not disappoint us.

Fourth, the clinical picture of alfalfa is undoubtedly not yet complete. It is to be hoped that Dr. Blackwood, as well as others, will make further investigations of this drug which seems to be a valuable addition to our materia medica. Until then we shall be guided by the following group of symptoms:

Mind and disposition, depression, drowsy, stupid, sluggish, dull with irritability.

Stomach, abnormal thirst, impaired digestion, poor appetite.

Bowels, abdominal pain, flatulence and general bowel disturbance, probably looseness of bowels, yellow stools.

Urinary organs, marked urinary disturbance, polyuria, also low specific gravity (probably scanty urine), increased urea, pains and irritation in prostate gland.

General, run-down condition, emaciation and loss of weight, loss of energy and physical power, stiffness and soreness of muscles and joints, backache and general rheumatic tendency. Probably anemia and acidemia with tendency to gouty condition.

I wish to thank Dr. Blackwood for the work he has done and for the splendid record he brings to us; also for the privilege extended to me of studying and discussing this paper.

Propaganda.—While passing the Catholic Cathedral in New York recently, I noticed in the window of an adjacent building a sign reading, "The Society for the Propagation of the Faith." If this powerful church with its millions of adherents considers such an organization still necessary for its continued growth, how much more necessary is it for us as a school to study the means by which a knowledge of homœopathy may be brought as a living thought to the multitudes to whom at present it is nothing but a name. As a school we are judged by the strength of our organizations and not by the preëminent ability of any individual members.—*McDowell, Hom. and Hom. Colleges, N. A. S. of Hom., June, 1915.*

TECHNIC FOR THE ABDERHALDEN TEST FOR PREGNANCY*

By W. H. Watters, M. D., Boston

The technic that the writer has used and which is the one now most generally employed is as follows:

A fresh normal placenta is taken and thoroughly washed in running water to free it of the maximum amount of blood. It is freed from as much membrane as possible and cut into small fragments of about 1 c.c. diameter and again washed. The fragments are now placed in a beaker of distilled water to which a few drops of glacial acetic acid have been added and boiled for thirty minutes. The water is then decanted and fresh water poured in and boiled for five minutes. This water after cooling is then tested with the ninhydrin solution, and if any reaction is obtained the fragments are again washed with fresh water and boiled. The process is repeated until an absolutely negative ninhydrin reaction is obtained. The tissue is then placed in a sterile flask of water under sterile conditions, the surface of the liquid being covered by a layer of toluol and placed in a refrigerator for preservation.

A 1% solution of ninhydrin is then prepared. (Ninhydrin or triketohydrindene when heated in solution containing traces of albumin, peptones, amino-acids and polypeptids shows a violet color.)

Schleicher and Schull dialyzers No. 579 or 579A, previously tested for permeability and sterility, are kept in sterile water under toluol. When a test is to be made, 8-10 c.c. of blood are removed from the patient, usually from the median cephalic or basilic vein as in the preparation of salvarsanized serum. It is incubated for fifteen minutes, then placed in the refrigerator over night. The following morning the clear serum is removed. If there is any blood present the fluid must be placed in the centrifuge to remove it. Presence of hemolysis vitiates the test.

Into one of the dialyzing tubes are now placed 2 c.c. of the patient's serum together with about 1 gram of the above described placental tissue recently tested to ninhydrin. This tube is then placed in a somewhat larger test tube containing 20 c.c. of sterile distilled water. The fluids both within and without the

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dialyzer are covered with a layer of tutuol. The entire apparatus is now placed in the incubator at a temperature of 37° C. for a period of 12-36 hours. A control test is made by the use within the dialyzer of patient's blood serum only, and a second control consisting of placental tissue and distilled water instead of serum.

At the end of the incubation period, 10 c.c. of the diffusate are placed in a test tube with 2 c.c. ninhydrin solution and boiled for five minutes. At the end of this time the solution from the tube containing placenta and distilled water should be entirely colorless, while that from the one with patient's serum and placenta, if positive, will be of a deep violet color. The third tube, the one containing patient's blood only will be either entirely colorless or may show a slight violet color, always less than that of the original test.

The reasons for these results are as follows: In the blood of the pregnant woman there is formed in response to continual introduction of chorionic cells a specific ferment that possesses the power of splitting the more complex foreign proteids with more simple ones. This power is exerted both *in vivo* and *in vitro*.

Outside the body the more complex proteids are not diffusible with the special means employed, while the more simple ones readily pass through. In the tests above outlined if some of this specific ferment is present in the serum of the patient it will when brought into contact with the prepared placenta break up the placental protein into more simple diffusible forms. Then during incubation these less complex forms pass through the dialyzer and are recognized by the ninhydrin test. On the contrary, if nothing is present in the distilled water to so act upon the placenta preparation, no diffusion occurs and the ninhydrin test is negative. In the second control, patient's serum only, we sometimes find that the specific ferment has destroyed the chorionic cells already present in the patient's blood and that accordingly the serum may contain some of the broken down proteids even before it is removed from the individual. Hence, some diffusion may occur and a mildly positive ninhydrin test ensue.

Practical applications. In pregnancy, from the time that the syncytial cells are well developed and liable to be absorbed till a short time after delivery, the presence of the specific ferment can in the great majority of cases be demonstrated. Under conditions of sterility, and when accurately performed, the test should take its place as an important aid to diagnosis. It should be ap-

plied, therefore, with advantage in many cases where the question of pregnancy is the acute one.

The greatest possibility, however, is not in the physiological condition of pregnancy itself, a condition usually easily recognized, but in the enormous field of allied study that it opens up. If the organism reacts to placental proteids why does it not similarly react to other types, such as those of carcinoma and sarcoma? As a matter of fact it does, and at present there is a very hopeful prospect that in the near future our armamentarium of diagnosis in these diseases will be materially augmented. Published results already tend to show that not only may cancer be thus recognized, but that the reaction is so specific that sarcoma serum will react only to sarcoma tissue and not to carcinoma tissue, and that the same holds true in regard to serum from carcinomatous patients.

And by further investigations recently reported, it appears that not only will foreign proteids set up this reaction, but that a similar reaction occurs if cells of the individual's own body find their way into the circulation. Accordingly the reaction has followed the use of liver tissue in hepatic disease, of kidney tissue in nephritis, and of the sex glands in various abnormalities associated therewith.

Recently Fauser has applied the test to various forms of mental disease. He has found that in dementia precox the blood serum of male patients reacts with testicle antigen and that of female patients with ovarian antigen and not *vice versa*, but that both may react with brain cortex antigen.

At the present time one can apparently say that the Abderhalden test is almost certain to prove to be most valuable in giving further insight into the phenomena of disease and its diagnosis. Its exact status and limitations cannot yet be even surmised.

Sanitation.—The broadening science of sanitation calls for broader men, men of sound fundamental education, men of imagination, men of force. The prevention of disease and the promotion of health have passed beyond the boundaries of the medical profession. A new type of health officer is needed; a new career is opening for young men. Typical of the new spirit is the recently established School for Health Officers in Boston, Mass.—a coöperation between Harvard University and the Massachusetts Institute of Technology. It is significant that the administrative board of this new school is composed of a doctor of medicine, a doctor of science, and a civil engineer. As was said before, a health officer is a biological engineer.—Whipple, *The Atlantic*, May, 1914.

DR. CONSTANTINE HERING—

A Biographical Sketch

By Herman Faber, Philadelphia

[Continued from Page 76]

In 1846, while on a visit to Saxony, Dr. Hering was gleefully told by a friend and colleague, that an old woman, pretending to cure erysipelas, had been apprehended. "The old witch of a quack had not been burned, not even tortured as she in justice ought to have been, but just put behind lock and bar for malpractice." At once Dr. Hering grew attentive. He looked up some of her patients, treated and cured, and went to see the culprit, the old witch, after she had been released from prison. After some hours' walk he met the woman, with not so cordial a reception on account of his vocation. She would make absolutely no disclosure as to her remedy, but expressed herself with great energy, as meaning in future to persist in her practice, in spite of doctors, the devil, law and inflicted imprisonment. With much assurance of faith in her pretended art to cure, otherwise cajoling, and some silver coins, our Dr. Hering extracted the secret from her. "I take honey in which the bee has died, and apply it as an ointment on the sick region of the patient." The Doctor returned home, and on the way reasoned and questioned. What change does death produce in an organism? Relaxation of the muscles, retaining fluids in sacks and pouches; further, emission of virus of the bee, the dead or dying insect, into the surrounding fluid of honey; a homœopathic dose applied with the honey. The conclusion proved correct, and *apis mellifica* was introduced in homœopathy.

An incident was brought to mind in connection with "papillary ridges," and identification of criminals from finger imprints. The same idea was advanced by Dr. Hering and admitted by the courts as strong circumstantial evidence long, long ago.

In the year 1847, Mr. Rademacher and his wife were set upon by thugs at night. Mrs. Rademacher was stabbed to the heart and killed outright, her husband dangerously wounded. When Dr. Hering received news of what had befallen his druggist, the wife murdered, the man wounded

and detained as the only witness of the deed, probably even suspected, he at once repaired to Rademacher's residence, Fourth Street near Cherry. The preliminary examination of the body of the murdered woman and of the room within which the deed had been committed, had been performed by the Coroner, and by his permission people were busily engaged in removing the traces of the murder. The scrubbing brush was already raised to remove bloody stains from the window frame, evidently left behind by the murderer in making his way through the window. Dr. Hering's quick and observing eye at once detected the stain and arrested the officious hand, already lifted to destroy this important trace. With the necessary permission he at once chiseled out the imprint, and took it to his office for careful examination. Starting at once from the heretofore mentioned imprint proposition, he began his study. Left hand, strongly marked and developed as that of a man working, evidently active with both hands. The bloody smears mixed in the blood contained dark colored corpuscles. Carefully extracted and separately examined, they readily dissolved in alcohol, and when brought in contact with a flame they burned, exploded, and emitted the odor of pitch. Question: who works with both hands at the same time? The shoemaker pulling his thread. Who handles pitch? The shoemaker waxing his thread. Who possesses a ready instrument to commit the murder? The shoemaker. This examination, together with a lost button, formed the first clue to arrest Shoemaker Lengfeld, a worthless fellow who had been heretofore punished for the robbery of Zion's Church. Lengfeld was found guilty, and executed in Moyamensing prison. We may readily guess that the coroner did not look with favor at the interest Dr. Hering had taken in the case and trial. When, after the execution, he asked for the hand of the murderer, he received it, hacked and slashed in every direction, and worthless as to further demonstration.

Based on mental combination and historical knowledge, the "Natural Boundary" (Natürliche Grenze), a pamphlet written in 1859, may be mentioned. Dr. Hering had always considered it a logical necessity that Alsace and Lorraine must come back to Germany, and great were his hopes that Louis Napoleon would do his level best towards bringing about this event. The bravery of the German army to repair the dam-

age which diplomacy had done us in the Vienna peace treaty of 1815 was implicitly relied upon. When therefore the Emperor Napoleon in 1859 showed signs of an attempt to swindle Germany out of the possession of the left bank of the Rhine, the old gentleman in Philadelphia grimly smiled and sat promptly down, and wrote his *Natürliche Grenze*. The arguments were that rivers never divide nations and languages; mountain ranges do. Further, that they who possess the source of the rivers must also possess the mouth. Ingeniously interwoven with the story of Little Red Riding Hood, Dr. Hering mentioned that it is an historical and geographical necessity that the wolf be killed, and Red Riding Hood cut out of the belly of the wolf. The above mentioned provinces of France came back to Germany. The literary exposition is strengthened and further illustrated by a map. The laid-out boundary as planned by Dr. Hering is nearly the same as in the peace of Frankfurt drawn in 1871. Less magnanimous than Bismarck, the Doctor cut the Rhone Valley out of France, throwing it over to Switzerland. The other, the northern portion of the coast of France around Dunkirk, was to go to Belgium. This pamphlet, printed by Thomas of Philadelphia, was sent to Leipzig, and from there distributed over Germany. It created quite a stir. The London Illustrated News spoke of it, reprinted the map, and called the whole idea a very plausible one. Napoleon also had the map copied and hung up in the schools of France, designating it as the wily aspirations of Germany.

This and other similar literary productions were needed as recreation. A mind like Dr. Hering's, always actively bent on the serious, busy in his life's vocation, hardly knew what, in our present-day meaning, rest was. Still less was he given to indulge in social pleasures. Even in hours of seeming *dolce far niente*, as in the small circle of his devoted friends, in his colloquies he would throw sparks of wit and knowledge around him, such as could proceed only from a broad mind, extensive knowledge, true judgment, and ready adaptation. It was these qualities of mind, joined to his purity of soul, which gave charm to his company and conversation, and formed the ties of friendship with him. "During six days of the week I am compelled to listen to the people and their ailments," he said. "The seventh day I reserve for myself. I then will talk

in the circle of my friends that know me." And he did it most charmingly. The most pleasant host a man could desire, it was pleasure and a great boon to bask in the sunshine which his animation threw around him. He remained a student all his lifetime. "What an amount I have learned from my friends," he would say, even to his last day, and those he learned from were often young men, whom other deeply learned men of similar standing and less amiable, might have dismissed as little worthy of consideration. He was accounted by one of his friends as a disputant. He had to be. A great part of his life was a continued disputation, but he held tenaciously to his chosen device, "*In certis unitas, in dubiis libertas, in omnibus charitas,*" and "He who hates will be the loser."

"Around me and in my life the Parcae stood in a reversed order," said Dr. Hering, and explained his saying in the following: Atropos was met with first, in a simple potato field, in form a big, emerald-shining caterpillar, which drew the boy's attention. Under the father's direction, the child observed how it turned into a chrysalis and finally into the death-head moth. Atropos: first lesson in natural philosophy. Among the palms of Surinam, Lachesis stepped up in the form of the serpent, surucucu, lachesis trigonocephalus, out of whose poisonous fangs he extracted and introduced into homœopathic therapy the most powerful remedy, lachesis. Finally Clotho in that quiet studio, a veritable workshop. "*Beschränkt mit diesem Bücherhauf, den bis ans hoch Gewölb hinauf ein angeraucht Papier umsteckt.*"

In this very place Clotho stood about him, ever busy, whirling her spindle, then folding her fabric up, took the ever-busy quill out of his hands, and Hering departed,—thus verifying the prophecy that came to the Moravians in Paramaribo.

The skilled photographer, Mr. Schreiber, produced a valuable piece of work, unique in those days, arranged with great care, a picture of Dr. Hering's study: a room densely packed with canape, table, repositories of books, portfolios, even baskets, where shelves and bookstands would be insufficient to hold the Doctor's manuscripts and notes. "You make too many notes, Doctor," once said a visitor to him. "Yes," answered the Doctor; "I make notes, many, some perhaps without value, but I make notes." The photograph pictures

them, records them in their position: material, an immense amount of literary material, the records of a life, a long life, and of strenuous labor for a great cause, an armory to which, during Dr. Hering's days, his numerous friends, scholars, followers and colleagues, had free and unhindered recourse and access. "Freely you have it, freely you shall give it." It is one of the greatest of the universal praises of the homœopathic profession, again and again bestowed upon our Doctor in word and print, with what a readiness and good will he taught, counselled, and nurtured his science, to and for others of his profession.

There was little space in that room to move about freely, but always space enough for one or more scholars, and I may say free of access by day and night. Such a student departing from him short of midnight, and asking, "When, Dr. Hering, can I call again tomorrow?", received the answer, "Tomorrow morning at four o'clock, if it must be." In front of his canape stood the Doctor's table, well illuminated by a gas light, falling through a half globe filled with water to increase its lustre (a device of his own) after the pattern of a shoemaker's globe. Among the many objects deposited around on the table was a coffee urn, also room for a wine glass. In the rear end of the sofa reclined Dr. Hering. That was not his usual seat. He mostly occupied the end next to the entrance and to the incoming viisitor.

Dr. Hering's intimate friend, Carl Raue, was born in Kunersdorf, Distr. Lausitz, Saxony. He began his career as school teacher, advanced to an instructorship in a Saxon Seminary for Teachers. Tired of his position under the supervision of a much disliked consistory, he left Germany in the spring of 1848, and came to Philadelphia. He found a position in the family of Dr. Hering. Dr. Raue was a student in the University of Philadelphia, on Ninth street, where he obtained his degree of Doctor of Medicine, afterwards studied with Dr. Hering, and established himself in homœopathic practice in Trenton, N. J. In 1857 he came to Philadelphia. Homœopathic practitioner with Dr. Hering, professor of pathology at the Hahnemann College, he possessed the latter's unbounded confidence, and was accounted by him his most faithful follower and thankful pupil. Dr. Raue could not start on his professional tour in the morning without first calling

on "Papa Hering." To see them together, having so much in common as to the internal, as well as the external, man, both Germans with a tinge of Slavonian blood in them to make the mixture piquant, was to me always a treat. "Hildebrand und sein sohn Hadubrand." Did the one shake his locks in brown, the other his in black. Did Dr. Hering shoot fire from under his dark brows, Raue fulminated through a blue iris. Whatever touched them or agitated their minds, be it private, professional, or political matter, then and there would be ventilated in discourse which made the walls resound. And there came a morning when we stood on the landing and mournfully looked through a screen door upon our Papa Hering, peacefully reclining in death on that old canape, which for so many years he had occupied in life and health. And at his accustomed hour, Dr. Raue came up the staircase slowly, with head bent, brow deeply folded and contracted. He saw no one, heeded none of us. He looked through the wire screen upon the departed, with grieving, compressed lips, deeply lowered eyebrows, the eyes overflowing in tears, a picture of unspeakable woe, turned, and walked away. None of us dared to address him.

We may not turn from our picture or leave the room without once more turning our eyes upon that canape, the Doctor's workseat, the Doctor's couch of night rest, his deathbed also. It still exists, and look at it as you will it is an ungainly piece of furniture. The bolster hard, the back and sides straight, rectangular, the cover old, the colors in it, if ever there were any, faded and gone long ago. I was reminded of it later when I stood before the Shakespeare desk in Stratford-on-Avon. The canape in Twelfth Street, Philadelphia, loomed up before me; they seemed to be related to each other. Then and there the Doctor would stretch upon it and go to sleep, his person relieved of tight pressure, wrapped up in his sleeping gown, and covered with a knitted blanket, the fabric of Frau Doctor, Therese Hering. For many years he had not done otherwise.

It was within these surroundings, wherein every object seemed to be animated and permeated by the animus of the occupant, a sphere to which the rest of the domicile and its inhabitants accommodated themselves freely and without clash; a center towards which a far larger circle tended and

looked, that of the whole homœopathic profession, willing or unwilling, with love, confidence, and deep respect; one which an unclean conscience dared not approach. It was a "cella" out of which, at no time, phantasmal theories or speculations emanated—theories, brilliant scientific fireworks, to rise, glitter and vanish—but correct and matured thoughts, truths, which stood the test and being fundamental will remain so. A strong poetical vein ran through our Doctor and found its outlet in advancing an idea, or emphasizing his dictum, and at times called tropical fantasy. I never wondered at that term. How else could he, without that poetical vein, have been the man he was, the optimist, the idealist? How else the favorite guest, the friend in the house of Jean Paul, of whom Dr. Hering's style of writing so often reminded me? Dr. Hering was a great captain, who marshalled his troops not only by his superiority of intellect, but by his eminent goodness of heart.

Dr. Hering at his dispensing desk kept a careful record of his patients and the remedies administered. His pens were our good old goose quills; neither did he make use of a blotter. In place of the latter, he had a box filled with sand. Reversing the pen, he with the pen end of it strewed sand over the fresh scripts. His handwriting was very characteristic, his notes, entries, manuscripts hard to decipher. In correspondence, though, he was very considerate and anxious to accommodate himself to the reader, it was most fortunate for all concerned that they possessed in Mr. Knabe an intelligent, patient, and faithful copyist. Originally a pastor whose poor health would not permit him longer to occupy the pulpit, our Doctor had induced him to come to America and take a position with him in the above-mentioned capacity. A mild mannered, estimable old gentleman, Knabe was deeply attached to his patron friend and employer, the Doctor; in his outward appearance still retaining much of his former pastoral dignity. Towards the end of his faithful career (he was older than Dr. Hering) the Hahnemann College created him Honorary Doctor of Medicine. Dr. Raue told me that his long position in the Doctor's office had imparted to him a considerable amount of knowledge and experience, which he documented by good diagnosis and selection of remedies. He had a small circle of patients.

A number of young men came and went again, assistants, volunteers, considering the proximity to Dr. Hering, his daily practice, and peripatetic teaching received thereby, a valuable postgraduate course. They are all gray-haired, well-to-do practitioners now, and remember their "All Meister" and bless his memory. And it is well they do so, for if ever there was a trusty worker in the field, who with care and industry prepared his ground and has strewn his seed, with tender care and patience watching the tender sprouts and the growing plantation of the new dispensation of the newly established school of homœopathy, it was Doctor Hering. If ever there were a man heroic to brave the ill will, the shortsightedness, the slander from the quarter of a boastful, irreconcilable old school, he was the one. If ever there were a philosopher, who never allowed himself to be swerved from the path of rectitude, without malice, returning good for evil, modest, childlike, though powerful in his bright armor, meeting his adversary, now with arguments appealing to sound common sense, now flooring his opponent with scientific facts and correct logic, Doctor Hering was the man. If ever there were men who approached their work and followed their vocations with a deep religious feeling, who labored not for their own sakes or to gratify ambition, but who worked in the service of the Divine Master, Doctor Hering was one of them.

I have in the beginning of my sketch mentioned how readily the Doctor wrote checks. A little incident I would mention which I witnessed, showing how much he preferred gathering imperishable treasures, to such as are subject to destruction by moths or sought after by thieves, was when a gentleman came to him in quest of an instrument, probably a deposition. "I will consider the matter; call again," said the Doctor. The man, evidently anxious to carry his point during the conversation, quietly laid before the Doctor a number of bank notes. Dr. Hering seemingly heeded them not, but clearing his desk of strewn sand, sent with it the notes flying over the room. The would-be briber picked them up, amazed, and coloring deeply.

From Dr. Hering one could learn at all times and in all hours of the day what it meant to a man in his relations to his fellow men, to have a calling and to pursue the same with all the zeal, all the intelligence one may be capable of. In

choosing for his life's vocation the art of healing, the school and principles of homœopathy from its very beginning, subjected continually to misunderstanding, misrepresentation, and ostracism, he worked and stood in battle for it during a long life's career. Antæus-like, planted on firm ground, in rectitude and charity to all, he maintained his stand, and found no Hercules to lift him therefrom and vanquish him. The inner man grew with the system he strove to develop. Instead of narrowing, as many might have done in following a beaten road, he expanded and threw within his line of vision, as valuable working material, all that makes life useful, beautiful and sublime. Thus it was, that wisdom was gathered in him, that nobody approached him but that in the course of time found in him and did hear the echo of his own longings and hope, and so derived help, assurance, and comfort in his own life's struggle. Watch his deep study of nature diligently to make all things created serviceable to his great end. See him bravely handle matter, dangerous, even horrible, proving their hurtful effects on his own body, to press them into his service eventually as medicine for his healing profession. Follow and accompany him through a day's practice, caring for sick and beladen, see him kindle his night lamp or work with him in the early dawn, engaged in his literary work, massive and stupendous. Sowing, weeding at home, disseminating, supporting, encouraging abroad wherever he found an ear, in England, France, Italy and Germany.

It was not necessary for him to proclaim from his housetop, "I and my house will serve the Lord." He did it, and this was enough. It was the goodness of soul in him which illuminated his intellect to choose and provide the medicine, and so gave him, as physician, a dynamic power over illness and often over death. Remember here his before-mentioned disputation in Wurzburg under Schoenlein. "Medicine of the Future—Passus VI." "The resurrection of the dead is the highest of medical art." Dr. Hering's work was toward this ideal. He was a materialist, but active in matter, saw and watched the manifestation of spirit life, unchangeably predominating over matter as an emanation of a divine essence, which appeared to him, not in a nebulous form, but which he professed and embraced in his sincere Christian faith. "If God is the circle, then is Christ the innumerable

cube," he emphatically expressed himself to me once. Where spirit was manifest, it was the source of sustenance and life; where it ceased to be active it meant dissolution of body material, and hence, material death was the consequence. Where this active spirit principle was disordered in its balance it evidenced disease, and restoration of that balance meant healing.

His observation of the patient comprised not only the appearance of disturbed organic functions or changes of tissue, as pathology would teach, but took also into consideration the underlying mental and psychical state. Dr. Hering was therefore not only a physician administering to the bodily wants of his patients, but always intent, as far as permissible by appreciating mental conditions and receptivity of the patient, to administer to his spiritual wants. By all means did he bring into the sick room an atmosphere of assurance and hope which surrounded him and which with an earnest will he preserved to the very end. What are efficiency and virtuosity in man? Devotion at all times and in all particulars to a life's profession, and when I think of a Dürer, Rembrandt, Bach, or the rugged Beethoven, typically of them rises before me the picture of Dr. Hering.

The well-nourished torso carried a finely formed head. The long dark hair, which we like so well in Dürer, fell down profusely to his shoulders, and ended in front in a graceful lock. Under heavy eyebrows we perceived a luminous pair of dark blue eyes. The nose was strong, the nostrils wide, when in passion, fully distended. The lips full and expressive of kindness and good nature. His chin was square, indicative of firmness and energy. His step was heavy, elastic; rather large feet "nicht schön," as one of his admirers would say. I liked them well, especially when he put them in motion to demonstrate his favorite philosophy of Wolf and Lambert, "right, left, right, left—inductive, deductive."

This, his beloved system of philosophy, held good, not only in his scientific and professional pursuits, but was also directive in his house, in the various public duties, his professional ones never deterred him from. To interest himself for the public weal, he deemed a duty not to be shirked, and he was always found at his post.

On the field of politics of the country of his adoption, we

find him always on the liberal side and in protest of dishonesty, tyranny and oppression, a decided opponent to the democratic doctrine. "To the victor, the spoils," as also to the then prevailing institution of slavery in the south and the attempted extension thereof, likewise both policies of the then dominant influence in the democratic party. "To the victor, the spoils" shocked and alienated him to a degree, as almost to leave the country and return to Europe sooner than to acquiesce in this seemingly prevailing sentiment. He abhorred slavery, and considered it degrading to both slave and white master, sapping the life of the whole nation. United to and aiding the spirit of protest, which as we all know pervaded the ranks of that most intelligent German immigration of 1848 and the following decades, we find him among what we then considered the best patriots of the land, arraigned under the banner of freedom, whose standard bearer was then John Fremont, candidate to the presidency. Myself, a spectator in that campaign, must take the testimony of others of that day, when I say he was one of the founders of the republican party and an earnest exponent of its doctrines, safe to say, long before the mass of Germans blindly following democratic leaders, blindly helping that party to victory and their candidate, James Buchanan, into the presidential chair.

The Doctor expressed himself in those days as to the claims of Fremont, in the following: "Fremont displayed a noble courage in far-reaching undertakings; he braved the dangers of hunger and cold; he enriched all the branches of natural science, and threw light upon a vast and almost unknown territory." Dr. Hering was in that campaign the author of a number of elaborate statistical tables, in which he exhibited the proportion of whites to blacks, of whites who could read to whites who could not, and of foreign born whites to whites in the several states and territories.

In the winter of 1857 in his house, Dr. Hering freely lectured to a class of colored students from Jamaica and Canada, who in those days found no admission into any medical school throughout the length and breadth of our land.

Through the Civil War he remained a steadfast adherent and supporter of the Union cause, and viewed with great satisfaction the emancipation of the slaves, but with grave doubts the fifteenth amendment which gave the negroes a

vote. That the negro was set free without being provided with land, he considered a political blunder. In possession of soil and a fiddle, he saw the happy future of the colored race. He was a wisely liberal man. I do not believe, and have no reason to believe, therefore, that he ever sought to transfer democratic rule into the land of his birth, Germany.

All during his life he had looked towards the unification of Germany and the restoration of a great German empire, and when it came and his hopes had been fulfilled, he was loud in praise of it and of the men who had helped the land to freedom and greatness. Illustrating his ideas, I insert here his words: "In medicine we observe certain symptoms and expect others. From what we see and what we infer, we make a prognosis. This is history. We see events, and by process of reasoning, not prophecy, we draw from these events conclusions. History is regulated by laws. These laws bring about events. They are as sure and harmonious as the laws which regulate the heavenly bodies. Events move in history with the same certainty as the planets move in their ellipses."

"A house in which affection came to its due," Dr. Seidensticker styled the Hering house, which in my estimation would mean a house wherein every one of the occupants was trained and eager to create an atmosphere, which was perceived as receiving, greeting, surrounding and to make feel at home the casual visitor as well as the intimate and frequenting friend. Unstintingly to share with the guest all the good he could afford, mental as well as substantial, was the continual desire of Dr. Hering and his kin, and it frequently proved to be so in close as well as extended circle. Exhilarating, extremely pleasant, were the hours devoted to family festivities, in which the closer friends of the house were invited to participate. Surpassing and well remembered were the demonstrations celebrating events of the day agitating the public at large. Among the latter may be mentioned the day of the laying of the cable across the Atlantic, and the day of Sedan in 1870. The latter especially was not a day of vainglory, but a recognition of grace received at the hands of Divine Providence. Beginning at the rise of the morning sun with a semi-religious service in the Doctor's garden, ending almost at sunrise on the following morning in the midst of guests, American as well as German, in the most elated and patriotic spirit. Not a word was heard

in those days to contradict its motive or criticize the propriety of this demonstration, predicted and planned by Dr. Hering for many years, and now executed.

Another instance was the Doctor's birthday, the first of January. It commenced at break of day. A quartet, a psalm composed by the Doctor's brother, Karl Hering. That ended, the Doctor entered from his study and received the congratulations of the family and friends present. A reception in the evening on a larger scale finished the day.

As to the house and household of our good Doctor, the words of his noble friend, Oswald Seidensticker, may stand here: "Ein haus in dem das Gemüth zu seinen Rechte kam" ("A house in which affection came to its dues"). A house wherein the various elements moved in harmony visibly, without noise and clash, well regulated by the Doctor's happy disposition in union with that of his appreciating, loving, and in all matters true wife, Frau Therese. She held the executive power of the house, and filled the office faithfully, in nursery, parlor, kitchen, and pantry. She piously instructed the children. The children's nursery was not to be forgotten; one of the best rooms in the house: the floor strewn with what would make a child happy. The Doctor pleasantly smiling among the little ones, would have been an excellent study for a Ludwig Richter or Oskar Pletsch.

In her attendance upon the Doctor, Mrs. Hering had gone so far that in many instances he would appear as a spoiled child. No meal would please him unless taken in her company. The daintiest morsel was shoved back or accepted under protest if not served by her or prepared under her direction. If she were absent, the house for him was as good as empty. His unostentatious and tender love she valued and rewarded. His friends were hers. Into his linen she never forced starch. She knew that her Sultan had an inveterate horror and hatred for that article. If autocratically he extended an invitation, for his hospitality was great, the necessary arrangements were made without a murmur on the shortest notice, and a kind smile greeted the often surprising guest. A happy, green old age rewards the good old lady for these, her many virtues, and she is to us all a dear, living inheritance of the Doctor, beloved by children, grandchildren, and many friends.

A distinct feature in the Doctor's character was his high respect for labor, labor performed with love in good faith, irrespective of requital; none into which he did not try to get an insight or looked upon with interest, with due respect and sympathy as tending toward the common good. The work of the ragpicker, when all else failed, was deemed honorable in his eyes. Therefore he wrote a psychology for "Schuster und Schneider," and often referred to it. The arts adorned his house. The musician had his home there. If the walls of it could not boast of, or were not decorated with, many works of art of old and renowned masters, it amply showed and proved that even inferior talent was kindly noticed and received encouragement by their owner.

The various attempts of the German public to establish in Philadelphia a German Theatre and sustain the same, found at all times an enthusiastic supporter in our Doctor, and to the actor his house and heart were open, according to merit and deportment. So he moved on through life, gathering treasures imperishable. Not so mammon. Whenever he put a coin into his pocket, he did it mechanically; he never eyed it. In collecting bills, I regret to say, he was sorely deficient. Revengeful he would feel, when cheated with a counterfeit half or silver dollar. Then he would demand his office lady to affix the spurious coin with a string to the chandelier in his patients' waiting room, "to show what impertinent people there were among them."

The year 1880 had arrived, and with the first of January we celebrated the Doctor's eightieth birthday. Never before had he been more industriously and intently employed in his literary work, his "Guiding Symptoms," as in the months preceding that summer. His health was good, his mind active. Clotho was actively whirling her spindle. But once, about six weeks before his death, I remember an incident which looked like a premonition of the coming end. Of an evening in June, 1880, beside him in the garden, he would suddenly ask me, "Faber, is what I see in the arbor one or two lights?" "One," I answered. "it is Carl with one lighted candle." "Ah," he said, "when old people begin to see double, then it is time for them to prepare for departure. I am ready. God's will be done."

On July 23rd, 1880, I had returned from the seashore, after

a short vacation, and in the cool of the evening went to pay my respects to Papa Hering. I was received with the usual kindness. The house was unusually quiet. The children, those not married and actual inhabitants, were out of town. Mrs. Hering had not returned from a day's invitation to the outskirts of the city. The Doctor, engaged in examining a late patient, met me at his tea table. He was full of good humor. He expressed his satisfaction to serve, and with the best hopes of eventual cure, a patient whom he had just seen, and who had already been given up as incurable. We sat together under the elm overshadowing our table in the garden, pleasantly chatting, the Doctor eating with good appetite and sipping his Hungarian wine. At half-past nine we both left the garden. I accompanied the Doctor to the staircase leading to his room, and then and there wished him "Good-night." "Be sure to be here on Sunday," were his last words. I watched him ascending with firm, elastic steps.

A quarter of an hour afterwards the audible groans of the Doctor at once summoned to his room Mrs. Hering, who by this time had returned with Mrs. Maertens. They found him in agony, reclining on his canape. "This is death," he muttered. Dr. Raue and Dr. Koch were sent for. Dr. Koch resorted to camphor, but in vain. Thus Doctor Constantine Hering departed that night, to come to life in the sunlight of Eternity. "Well done, good and faithful servant; thou hast been faithful over a few things, I will set thee over many things."

The Value of Life.—Throughout our human relationships we can trace life's gradual emancipation from the native selfishness which at first dictates all its activities: It is love and work which form the most conspicuous examples of this liberating movement, love showing how it changes our attitude to our fellowmen; work, how it changes our attitude to the world of objects. We take up work in the first instance in the interests of our own self-preservation, and no one can blame us if we demand a wage for it, and appraise it, to begin with, entirely by its productiveness. But we all know that the matter does not end there. Little by little, work becomes precious to us for its own sake: It builds up certain spiritual connections which resist the whim and fancy of the worker; it renders us capable of great toil and sacrifice; it becomes a power in us, making for progress. In love and work, we have a merely outward contact transformed into an inward relation, and at the same time a subordination of mere pleasure and use to the higher spiritual interests.—*Rudolph Eucken.*

THE JOURNAL

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EDITORIAL

Two Valuable Documents. From the Government printing office at Washington has come a gratifying recognition of the indefatigable work of the Secretary of the Council on Medical Education of the American Institute of Homœopathy. The document is a reprint from the report of the United States Commissioner of Education, and embodies Dr. W. A. Dewey's report on Medical Education in the Homœopathic School of Medicine. Since the full report is for the year ended June 30, 1914, the contents of the reprint have been published elsewhere in our journals, but as a matter of historical record, this chapter from the report will be published in full in the JOURNAL in the earliest practicable space. The significant fact is that after seventy-one years of successful therapeutic practice of a body of physicians, the United States government has placed upon record its recognition of a principle in therapeutics which is sure to obtain year by year a fuller recognition as a valuable adjunct to the art of healing. The second document is "A Survey of Homœopathy in Ohio," conducted on the lines of the

Michigan Survey, as published in the JOURNAL of April, 1914. This paper also merits the widest possible publicity, both for the information conveyed, and as an incentive to similar work in every other state. The two Surveys would make interesting parallel-column reading. *"A conspicuous and astonishing item in this report is that referring to state institutions. Why a constituency who, putting it very mildly, are doing thirty percent of the medical service of the state are not represented in any of the great institutions is inexplicable. But it demonstrates their lack of skill in methods of organization and their feebleness in legitimate politics."* This Survey is one of the leading articles in a new medical journal, *The Polycryst*, a quarterly publication from the youngest of our medical colleges, the College of Homœopathic Medicine, Ohio State University. Dr. Albert E. Hinsdale is editor-in-chief, and Drs. Burrett, Ferree, Humphrey and Grosvenor, from the faculty, are associate editors. As we have repeatedly asserted, every organization should have an official organ whereby, through the printed page, it may reach its adherents. Rich in resources as is the state of Ohio, we predict that speedily this new magazine will change from quarterly to monthly form and become one of the valuable publications in the medical field. S. M. H.

Homœopathic Therapeutics in the University of California.

Elsewhere in this issue is a report of the amalgamation of the department of materia medica and therapeutics of the Hahnemann College of the Pacific with the University of California. As we recollect the beautiful amphitheater and campus at Berkeley, it is a pleasure to contemplate that henceforth the students of homœopathic therapeutics west of the Rockies may have the association of all that a state university implies. Dean Ward is a pragmatist. "This may not be the plan for some states, but I believe it is the best possible thing that could come to us. It is either the rich endowment of an independent college or its affiliation with an established University that can give promise for the future." The profession on the Coast

must see to it, that their strongest teachers are put into these chairs, and that young physicians of rare promise are kept in training as their successors. *S. M. H.*

The Homœopathic Pharmacopœia. Every reader of the JOURNAL, every physician who values pure drugs, should read carefully Dr. Carmichael's paper in this issue on Our Revised Pharmacopœia. No single paragraph can in any measure indicate the importance to the physician of drugs of verified strength and accuracy of record. Before a work representing such stupendous labor, the reviewer may easily stand confounded, but he should be appreciative in some measure of the painstaking work involved. The JOURNAL reiterates its comment of last October, that familiarity with the Pharmacopœia is of importance, second only to a knowledge of anatomy in the fundamental furnishing of the medical practitioner, and further that this volume is obvious testimony of a rare professional zeal on the part of the men who have done the work. The value of fresh plant tinctures and dilutions is not appreciated. It is comparable to the difference between sterilized milk and fresh clean milk as a factor in feeding. The ignorance of many a physician concerning drug action and drug preparation, and his dependence upon trade formulæ reduces him to the status of the drug clerk selling remedies over the counter. Professional equipment implies ability to acquire knowledge from original sources and to apply that knowledge to the individual.

S. M. H.

Hering and Hahnemann. Since the installation of the biography of Constantine Hering, several inquiries have been made thereupon. The author of the sketch is Mr. Herman Faber, an artist, father of Louis Faber, an illustrator who for years was on the faculty of the University of Pennsylvania. Dr. Carl Hering, the son of Dr. Constantine, received his doctorate in general science and electrical engineering from the same University. Constantine Hering's religious thought is set

forth in this sketch. Samuel Hahnemann was christened in the Lutheran church, and, so far as formal religion is concerned, was a Deist. *D. M.*

The Revision Committee makes its report in this issue. Comment thereupon is invited in the department of Correspondence. The essentials of the government of the American Institute are simplicity, efficiency and democracy.

THE INSTITUTE SESSION—1915

The lobby and the mezzanine of Hotel Sherman were the gathering places of little groups of Institute members all day Sunday. Treasurer Smith had come on even earlier, so as to be in readiness for Monday morning. The Missouri contingent, under the leadership of Dr. Parsons, and accompanied by President Miller, came in early Sunday morning. Members from New York were also early in their arrival. Chairmen of committees were busy getting the latest available data, friends were renewing memories of other sessions, and advertisers were quietly putting final touches to their exhibits.

Sunday Evening. The unusual feature of the evening memorial service was the presentation of selections from Kipling by Mrs. Richard H. Street. It was a beautiful variation from the customary list of names and obituary record, and fulfilled far more significantly the intent of the physician's life, which is essentially a fine self-forgetfulness, rather than self-exposition. Dr. Runnels' memorial address made its appeal to the philosophical and the theological aspect of human life. The philosophy of Rudolph Eucken has been a tremendous stimulus to the spirit which has rebelled against the materialism, or the agnosticism of the past forty years.

As a matter of statistics, it is suggestive that sixteen of the twenty-nine who have died during the past year (Drs. Bell, Grosvenor, Bender, Delamater, Hayward, Cook, Howe, Stout, Thompson, Carleton, Honberger, Wagner, Forster, Knowlton and Noble) joined the Institute between the years 1868

and 1899, while the remaining thirteen (Drs. Mann, Eife, Harper, Cash, Pilling, Rose, Hanscom, Spencer, Chaffee, Smith, Glover, Ulrich and Wetmore) joined during the past ten years. Either the older doctors are dropping out of membership as they retire from practice, or the younger members are dying off too rapidly. Of the younger group, Dr. Mann, in the Boston hospital group, Dr. Harper, leader of the homœopathic physicians of the South, and Dr. Spencer, always an energetic worker in the Cleveland profession, will be sorely missed in their respective fields.

Monday Evening Welcome. While Sunday evening is the evening of honoring the Seniors, Monday evening gives special recognition to the past presidents and is the specific occasion for the President's formal address. Both this address and that of the Monday morning business session were published in the July JOURNAL. Constructive politics and national licensure were topics eliciting prompt approval. And a definite plan for the elaboration of a working program by the addition of detailed synopses of the papers to be presented is a suggestion worthy careful deliberation by the respective chairmen of bureaus in the forthcoming year.

Vice-President Harris H. Baxter presided at the Monday evening program and Dr. Clifford Mitchell gave the opening address of welcome. Vice-President Mosher responded with her usual inimitable humor. Mayor Thompson had promised to come over for a word of welcome after the closing of the City Council, but at ten-thirty no end of business was in sight, and the Mayor sent City Attorney Harry Miller, as his representative to welcome the visitors to the City of the Middle West. The Imperial Quartette furnished the vocal music and Krell's orchestra gave joy to the dancers, rounding out the formal social opening of the session.

Business Sessions. Nine o'clock is a fairly early hour for work in the summer time, but President Miller made good his promise to hold the Institute to its order of business. The routine was followed as outlined in the official program published in the June JOURNAL, and so far as the presence of committeemen permitted, each day's program was completed on

time. It was a gratifying rounding up of detail business, and secured only by postponing the questions which most surely provoke long discussion to the final days of the session.

The business address of the president was commended for its brevity and its practicability. Few presidential addresses are unreservedly endorsed, but this one received its quota of approval and its more complex recommendations were prudently referred to the trustees. The reading of the treasurer's report and that of the JOURNAL committee occasioned the customary confusion, from the fact that the financial year of the Institute does not coincide with that of the JOURNAL. Notwithstanding the apparently conflicting statements, the treasurer's books declare a goodly surplus and the JOURNAL has certainly made good notwithstanding the fact that a considerable number of names were dropped from the mailing list for persistent neglect of payment of subscription. The propagandistic expenses have been heavy this year, because two medical schools have received financial aid.

The report on international homœopathy of necessity has suffered from the incidence of martial activity, while the work of the committee on the Hahnemann monument at Washington is practically *nil*, because the United States government does its supervisory work so well that there is nothing for the committee to report except the efficiency of our national supervision. But it is wholesome to be reminded at least once a year, that in years past some of our Seniors labored hard and effectively to place this splendid structure in Scott Circle in the heart of the nation's capital city.

The suggestion of the committee on the Homœopathic Pharmacopœia that the careful prescriber possess himself of this standard work should not go unheeded. If a college education is "a log with Mark Hopkins at one end and a student at the other," then a materia medica department may be a student at a table and the Homœopathic Pharmacopœia before him.

The recommendation of the committee on new members was well worth considering. A permanent membership secretary is in line with the recommendation of each committee for several years past. A term of three years for every officer and committeeman would make for efficiency in the work of

the Institute. If a third of these officers and committee chairmen were elected or appointed each year, there would be ample opportunity to work in new material and at the same time give sufficient continuity of service to produce obvious effect. A professional organization "not for profit" does not need a complicated organization, but it does need a reasonable permanency of responsibility to ensure progress.

When the usual vague report was read on drug proving, the annual lively discussion ensued on the legal and the ethical relation existing between the parent Institute and the so-called institute of drug proving. The aforesaid association persists in "hiding in the earth" its talent, while at least four medical schools are doing honest work in their laboratories and are handicapped for lack of money. Senior members of the Institute, out of sentimentality, will continue to placidly allow this fund to go on gathering a moiety of interest, but the younger members of the parent body are growing impatient with the do-nothing attitude on the score of sentiment.

One of the more aggressive acts of the Institute body was to suspend the by-laws and make the secretary, treasurer and registrar's term of service one year only, pending the proposed revision of constitution and by-laws.

The significant fact in the report on the Homœopathic Handbook is the announcement of the publication in the *Reference Handbook of the Medical Sciences* of Dr. Copeland's article on Homœopathy, giving thereby in a volume of general information official recognition to the therapeutic principle of homœopathic medical practice.

In the report of the American College of Surgeons, the effective service rendered by Dr. Kahlke in Chicago was recognized and the retiring governors, Drs. Kahlke, Nichols and Packard, were unanimously renominated.

A long nomination list forecast a lively election, fought out in good sportsman fashion. When Baltimore was mentioned as a possible place of meeting in 1916, the Minnesota delegation, who adore their frigid North, exclaimed, "We won't go to Baltimore." But when Dr. Aldrich was elected president, and Dr. Sawyer magnanimously moved to make

the election unanimous, these same forceful members exclaimed, "We'll go to hell with Aldrich." Here's hoping the meeting place of 1916 will prove a cooler place than either of the aforementioned.

Cablegrams from Drs. Burford and Hoyle emphasized the plea from Dr. Sutherland for voluntary gifts to the homœopathic hospital in the war zone. Several hundred dollars were subscribed and paid for the prosecution of homœopathic therapeutics with sick soldiers.

The report of the Interstate committee precipitated a discussion on the relative evils of narcotics, the coal-tar remedies and the abuse of alcohol. The body of the Institute was not ready to go on record endorsing what might be construed to be the prohibition party. One significant paragraph in the proposed revision affects materially the make-up and function of the Interstate committee. The reader is referred to that revision which is published in this issue of the JOURNAL.

The Report of Council on Medical Education mentions specifically the bulletin issued by the United States Bureau of Education and containing the article on Medical Education in the Homœopathic School of Medicine, written by Dr. Dewey, reprints of which will be sent at the request of any citizen. Formal announcement was made of the closing of the former medical college in Kansas City, and also of the affiliation of the Hahnemann College of the Pacific with the University of California.

Having disposed of routine business in good season on Thursday, the Institute body turned its attention to amendments. The recommendation of the revision committee on the opening paragraph of the constitution was generously endorsed, also the comparatively unchanged article on membership. But the changes proposed in Article III were too radical to be lightly or quickly passed upon. The protest was so earnest that the Institute ordered to postpone action for one year to hear the report as a whole, to print the report, and to place reprints in the hands of the members at least one month before the next meeting. This report is published in this issue of the JOURNAL, in order to give eleven months for discussion, debate and reflection.

A telegram from the Missouri contingent was made a matter of record.

The Saturday morning session was the occasion of passing resolutions of appreciation to the Press Committee, the Associated Press and Hotel Sherman for excellent service and courtesies, the final report of Censors and of Bureaus and formal adjournment.

Press Reports. "If your paper has not been commented upon in the press, it is because it is not sensational; it does not make a good story." This was the fetching sentence of the press committee's report. The papers featured "What is the greatest advance in medicine during the past year?" and "Have women a place in medical practice?" Quite safe questions, and with answers characteristic of the doctors quizzed. The papers in preventive medicine called forth lively press comment, particularly the papers on "Play," by C. S. Weller, Secretary of the Playgrounds Association, papers by Drs. Cobb and Cameron; also "Educational Prophylaxis," by Dr. G. D. Cameron, and "Public Health," by Dr. Ogle.

Dr. A. L. Blackwood's paper on "Alfalia" was perhaps the most provocative of immediate response. Scores of letters have been sent the Doctor for details of the therapeutic value of the fodder which makes for wealth in agriculture. Obviously the advertisement that alfalia creates an enormous appetite made a more spectacular appeal than the somber advice of the dietitians, Drs. Carroll Smith, Edward Beecher Hooker, and John P. Sutherland, each of whom emphasized the necessity of a discriminating choice of selected food and the minimum amount which will maintain perfect metabolism.

A paper from Dr. James Searson of London was presented at the Surgical and Gynecological Society, through the efforts of Dr. George B. Peck, chairman of the committee on International Homœopathy. Three other papers from the war zone had been promised. They doubtless suffered censor shock.

Dr. Copeland's telling address, fortified by reliable hospital statistics, emphasized the fact that mortality rates under homœopathic therapeutics are distinctly lower than under traditional medicine. This was endorsed and emphasized by Dr. Haseltine's paper on "Modernize Your Propaganda." The

hospitals of the countries, the statistics of which are being carefully compiled by Dr. W. A. Dewey of Ann Arbor, hospital properties and the mortality returns of homœopathic physicians, furnish adequate proof to all who are not perversely blind that "*die milde macht ist gross.*" Dr. Haseltine's patient, an 18-year-old boy, recovered from operation for double cerebral abscess, was the center of so much interest that the members are asking why the national society may not be made, in part, at least, a clinic week, as is being done at many of the state society meetings. If Dr. Sawyer's plan for a simpler organization avails to expedite the business sessions, the morning sessions might still be given to papers and discussions, while the afternoon sessions could be given over to clinical instruction in hospital operating rooms and amphitheatre. This would involve selecting a place of meeting always in a medical center accessible to clinical teaching. It is a proposition worth thinking over. It might avail for an occasional program, even if not always feasible.

One of the Seniors came jubilantly into the Trustees' room at one-thirty on Friday: "They say interest in *materia medica* is waning. That room is full and they have forgotten to go to luncheon." Dr. Meck's paper on "*Phosphorus*" placed the modest cottage cheese on a pinnacle of fame for its phosphorus content. Dr. Nesbit's splendid paper on "*Coffea*" carried his admirable work a step farther than that of last year. It is to be hoped that Dr. Sawyer's plan for a professional as well as for a business aspect of the new arrangement will secure for the younger members of the Institute adequate recognition and support in their efforts to carry on therapeutic investigation. Youth has the will, but not the money; age has the money (sometimes), but rarely the enthusiasm for long-sustained laborious application.

Dr. Horner's paper on "*The Proper Handling of the Insane*" set forth the present-day attitude toward mental hygiene. "There would be more cures, if the physician knew the disease as well and handled it as intelligently and discriminately as a case of typhoid."

No one who has followed Sajous and the recent investigations in the physiology of the ductless glands was amazed

at Dr. Wilcox's paper on "The Adrenals." But the paper was one of the most attractive to the public press. The explorations into the field of function of the ductless glands is only fairly begun. Dr. Wilcox's paper will be read with pleasure in its full publication.

The Playtime of the Institute. Each year there has been a request that no serious work be attempted after dinner. As a compromise, arrangements were made for a bureau session on the boat ride on Tuesday and the three bureaus scheduled for Thursday evening united for lantern demonstration. The evening on Lake Michigan was refreshing after the confined air of the assembly rooms during the day. The dinner in honor of Dr. Wood was a recognition not only of the Chairman of the Committee of the American College of Surgeons, but also of his staunch personal friends, Dr. Sawyer, who was toastmaster, and Dr. Beebe, who conceived the plan and selected the memento of distinguished honor.

The fraternity dinners of Wednesday have become an established custom, and allow either the individual entertainment or the more intimate circle of comradeship which none would like to forego. The Art Institute lent itself well to a bit of comedy and everybody enjoyed a good laugh over Dr. Wieland's spicy characterizations. The little play set in the background of institutional life for old ladies carried a significant bit of psychology.

The committee on hotels and exhibits did their work so well that every member was compelled not only to pass the exhibitors' stands, but the attendance was so satisfactory that the physician was compelled to pause. Not only were the exhibitors pleased, but some who did not exhibit expressed regret when the satisfactory session had ended.

The formal report of the Registrar has not been made. But on Thursday the estimate was made of "about 500 physicians and as many more visitors."

Hotel Sherman spared no expense or effort to serve the Institute membership. Gracious and generous acquiescence to every request made the week one of most satisfactory record. The Italian dining room always ensured a quiet corner. And the hotel management was not responsible for the dis-

may of a member from immaculate New England, as she hastily rose from a table chosen near an open window for ventilation. For with the fresh air came a fine sprinkling of soot. Thinking there had been a catastrophe outside, the Doctor hastily moved to another table, only to observe there also a soft flecking of the recently spotless damask. But there was neither soot nor dust in the College Inn, and the novelty as well as comfort of a refrigerated atmosphere, along with music and skating, fully maintained the Hotel's long-time reputation as Association Headquarters.

One of the gratifying incidents of the closing day was an informal reception tendered to President Miller by all of the former presidents who were in attendance. They congratulated Dr. Miller very heartily on the successful dispatch of business and the general executive work of the session.

THE PRESIDENT-ELECT

On Thursday, during Institute week, the Minnesota members, their wives and a few especially honored guests made President-Elect Henry C. Aldrich the guest of honor at luncheon at Hotel Sherman. It was a quick recognition of the warm personal relation between the man and his home people which augurs hearty support of Dr. Aldrich's administration.

On July fifteenth, in Minneapolis, friends to the number of fifty, and representing both schools of practice, tendered a dinner to Dr. Aldrich at the Interlachen Club. Dr. Ralph St. J. Perry was toastmaster, calling for the following responses: The Minnesota Institute, Dr. Wayne H. May; The Surgical Art, Dr. B. H. Ogden; The Homœopathic Guild, Mrs. A. E. Booth; Leo et Agnus, Dr. Ralph Peters; The Maternity Hospital, Dr. Ida J. Brooks; The American Institute of Homœopathy, Dr. Henry C. Aldrich.

THE WOOD DINNER

Reported by Scott Parsons, M. D.

One of the brilliant events of the 71st annual Institute session held in Chicago, was the "Wood Dinner." This occurred on Thursday evening, July 1, in the Louis XVI room at Hotel Sher-



JAMES CRAVEN WOOD

man, and was given in honor of Dr. James Craven Wood of Cleveland, in testimony of his services in gaining for the American Institute and its affiliated surgical societies, recognition by the American College of Surgeons.

In this work Dr. Wood requested, not only admission for homœopathic surgeons, on an equality with the surgeons of the dominant school, but insisted upon representation in the management and control of said college. All this was finally granted and obtained and the Institute now has members on the Board of Governors.

That Dr. Wood gained a signal victory without conceding in any particular the rights and principles of homœopathy, is told in the tenor of the correspondence carried on between his committee and the secretary of the American College of Surgeons.

The College of Surgeons, organized and composed of the broadminded, scientific surgeons of this country, had no game to play and no political or sectarian strings to pull. Merit, and merit alone, has been the principle upon which its members were admitted, and the homœopathic surgeons and surgeon-specialists were admitted to membership because they were recognized as scientific men and women in the great field of medicine. Medical sects, principles or beliefs play no part in this organization, and the oath of membership carries with it only those high ideals which every medical man of culture, education, honesty and sincerity strives to uphold in his every day life.

No prettier affair has ever been given than was seen on this occasion. The Louis XVI room, decorated with lavish and exquisite taste, was a bower of floral beauty; while the banquet table arranged in U shape, around which were seated some 125 ladies and gentlemen composed of the Fellows of the College, members of the Institute, and friends, presented a galaxy of beauty and an array of intellect. No finer looking party of men and women was ever congregated.

The repast, so the Maître D'Hôtel informed us, was as elaborate as ever served at the Hotel Sherman and words fail to express the dainty, tasteful, delicious dishes which made up the ten courses of the menu.

Dr. Chas. E. Sawyer, toastmaster, occupied the centre of the speakers' table, while beside him sat Dr. Wood and on either side were assembled the speakers of the evening. The apropos remarks and repartee displayed by Dr. Sawyer in introducing the speakers and dispersing wit with eloquence, stamped him as one of the champion after-dinner speakers of the Institute.

To lend lightness and humor to the occasion which was considered by most of those present as a serious event, Dr. Sawyer, during the intermission between courses, called upon the "New England Wit," Mary E. Mosher, whose capital stories in humor and gesture convulsed the somber audience with laughter and placed all in good humor which was a fitting set-off for the more solemn remarks to follow.

Dr. Scott Parsons, the first speaker, whose topic was "The Surgeon of Today," gave a brief sketch of the surgeon of yesterday in comparison. He called the surgeon of today an idealist, qualified by his education, special surgical training, honesty, sincerity, idealism and charity, and in closing stated that he wished to name one who fulfilled all the qualifications of the surgeon of today—a gentleman, a scholar and a humanitarian, as exemplified in the character of James Craven Wood.

Dr. George W. Roberts, who was to respond to the toast "The Surgeon of the Future," was called home and his remarks were embodied in the response of Dr. Leon T. Ashcraft, who spoke of "Dr. Wood and the American College of Surgeons." Dr. Ashcraft recalled the earnest work of Dr. Wood in his endeavors and success in gaining recognition for the homœopathic surgeons, and paid high tribute to the manner in which this had been accomplished.

Dr. DeWitt G. Wilcox followed in a response to "The Insti-

tute and the College of Surgeons," and after telling a funny story, as only Wilcox can, recited a parody on Mark Antony's speech, Dr. Wood being the Caesar in this case. While resplendent with humor it conveyed a seriousness and tribute to Dr. Wood which was wonderfully and tactfully brought out. It was a classic.

"To Whom in the American Institute is the Greatest Credit Due?" was the subject of a brief talk by Dr. Orange S. Runnels, and after a short biographical sketch of the work of Dr. Wood in the history of homœopathy in Ohio, heaped more honors upon the head of that favorite gentleman.

Then came the climax of the event, the presentation of a beautiful bronze plaque, made by Tiffany. For this feature Dr. H. E. Beebe, a life-long friend of Dr. Wood's, was selected.

Dr. Beebe in his talk, which betokened love, sincerity and gratitude, expressed in soft and earnest tones, spoke in behalf of the Fellows of the College, members of the Institute and friends, giving the reasons for this testimonial dinner and why they had combined to present to Dr. Wood a lasting memento for the service he had rendered to the now-Fellows individually, and to homœopathy in general. Interest was intense at this time and while other speakers had taken occasion to create more or less merriment by their talks, Dr. Beebe's remarks were simple, solemn and earnest and he finished with the inscription upon the plaque:

PRESENTED TO

DR. JAMES C. WOOD

FORMER PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

FOUNDER-MEMBER AND GOVERNOR

OF THE AMERICAN COLLEGE OF SURGEONS

FELLOW OF THE BRITISH GYNÉCOLOGICAL SOCIETY

SURGEON

TEACHER

AUTHOR

FRIEND

BY HIS CONFRÈRES

AS AN EXPRESSION OF APPRECIATION FOR UNSELFISH,

SCHOLARLY SERVICE TO HIS PROFESSION

CHICAGO

JULY 1ST

1915

This was the *pièce de résistance* and one could hardly suppress a tear of joy.

And through it all sat Dr. Wood. His head down: his gaze fixed before him; his face radiant with appreciation yet saddened by the solemnity of it all. Modesty marked his demeanor and his

thoughts seemed to say, "What can I do; what can I say?" Not unmindful of the great honor which he knew was being conferred upon him, he appeared embarrassed as all truly great men are when confronted by a host of friends and adherents and having heaped upon one's head wreaths of honor.

Modesty seldom resides in a breast that is not enriched with nobler virtues.—Goldsmith.

He had enjoyed the dinner, as all did. He had listened to eulogistic orations in his behalf and now he must respond. He rose slowly to his feet, choked back an exultant sigh, attempted to speak, hesitated, then murmured, "I guess I will have to tell a story before I can collect myself." He did both, and in as few words as was possible, expressed his sincere appreciation for it all. The magnanimity of this man was never more clearly shown than when he stated, "I did not do it all, my committee was back of me," and in closing words, barely audible, he exclaimed, "All I can say is, I thank you—I thank you."

An informal reception and handshaking brought to a close an event which will linger in the minds of those present as one of the grandest occasions in the history of the American Institute.



THE MEISSEN IN CHICAGO, 1915

Reported by Mrs. T. Edward Costain, Chicago Chairman of
Hospitality Committee

We had a splendid meeting of The Meissen in Chicago this year, and it was real fun for the local committee as well as the guests because everybody entered so heartily into the plans laid out for entertainment.

The first business meeting was a spirited one, plans being suggested for broadening the work of The Meissen, and through it the furthering of Homœopathy.

Old Lake Michigan was on its best behavior Tuesday evening when we had our boat ride. Just before starting we met one of the masculine members from Boston who asked with deep feeling if it was sure to be calm. When assured that even if there was a slight swell the boat was so steady he would not notice it, he replied, "You little know the unsteadiness of my stomach." However, he was among the most enthusiastic of the dancers, so even he must have escaped. The jaunt through Field's with its glimpses into subways, tunnels, and cold storage plant, was very interesting, and all enjoyed the trip through the Art Institute and the tea which followed. The day of the auto ride was clear and fine; and, on returning, the party was very enthusiastic over the ride along the lake and the boulevards.

The great pulse of our city, its main telephone exchange, was next visited and its vast and varied departments were interesting to all; especially so, to our members, was its welfare department and up-to-date methods of caring for the sick.

The theater party on Wednesday evening was the climax of the festivities and it was a happy merry crowd who came out of the theater after three hours of fun and laughter.

The business meeting on Friday morning closed our session for this year and we found ourselves richer by thirty-one new members, a warmer bond of sympathy and good fellowship, and a determination to make The Meissen a greater force than ever in the year to come.

Officers for ensuing year are:

President, Mrs. A. H. Gordon, Chicago

1st Vice-President, Mrs. H. R. Chislett, Chicago

2nd Vice-President, Mrs. W. H. Crump, New York.

Secretary, Mrs. T. E. Costain, Chicago

Treasurer, Mrs. J. W. Harris, Denver.

THE INSTITUTE FRATERNITY

Reported by the Secretary, Marie Louise Hunt

They want a story for the Institute JOURNAL, not from Mary Mosher that Boston girl, but from a little one from the Western soil, a story about the Institute Fraternity of the A. I. H., made up of women physicians (and *not* a *man* in it), who gathered together on Smoker Night, to promote comradeship, sociability and such like.

Did you hear what they did in Chicago this year? Headquarters in Parlors N and O, in Hotel Sherman, you know, sharing the honors with the After Dinner Club. The registry was not very complete, those from out of the State numbering about twenty, representing Wisconsin, Michigan, Ohio, Missouri, Indiana, New York, Pennsylvania, and Massachusetts.

Wednesday afternoon late, we stole away from meeting, and in automobiles we took in the glories of our wonderful park system, over our beautiful North Shore Drive, into Lincoln Park with its wondrous beauty. Crossing the boulevard west to Humboldt Park, then, a little to the south, Garfield Park; following the chain of boulevards, Douglas Park came next, then east over Garfield Boulevard, Washington Park opened her arms with flowers and pride in her name, on to Jackson Park through the Midway, then around by the lake where in a sun parlor overlooking our glorious Lake Michigan, at nine round tables (each seating eight), decorated with glass and flowers gathered seventy fair dames of Institute fame. A most tempting dinner was served by the South Shore Country Club. A huge bouquet of American Beauties came from Mr. Robbins of Mellins Food Company. Later these roses were presented to the retiring officers. To dear Dr. Julia Holmes Smith, our dean of women physicians, the basket of flowers was given, and the rest of us had what was left.

Between courses we were entertained by Dr. Cora Smith King on "The Women's Clinic of Washington," Dr. Mary Mosher, our Institute Fraternity Story Teller, Dr. Marion Coon on "Department Store" work. "Electricity for Nerves," by Drs. Brant, Brown and Cochran. "My Hobby," by Dr. Butler. Dr. Ida Brooks was on her way from Little Rock to Minneapolis to look after "The Babies." Dr. Axtell from Wisconsin, with her talk on "Obesity," made many of us feel glad we were thin. And others had something to say, but being time for the election of Officers, we just had to stop.

After the Secretary and Treasurer's report was read and accepted, the following Officers were unanimously elected:—

President, Dr. Mary C. Cornell.

1st Vice-President, Dr. Bertha E. Ebbs.

2nd Vice-President, Dr. Laura J. Brown.

Secretary and Treasurer, Dr. Marie Louise Hunt.

Sixteen new members were added to our list. May we have many more next year. The retiring president, Dr. Mary McC. Hopkins, appointed the following Committee on Fraternity Directory, Drs. Anna Varner, Mary Cornell and Marie Hunt.

AID FOR THE SICK SOLDIERS

Dr. John P. Sutherland, president of the International Homœopathic Council, acknowledges gratefully the gifts from the following members of the Institute for the maintenance of the homœopathic hospital in the war zone. The money has been sent, a part direct to Dr. Petrie Hoyle, and a part to the vice-president of the International Council, and the representative of the London Homœopathic Hospital in the work of trying out homœopathic therapy for sick soldiers, Dr. George Burford.

J. P. Sutherland

W. A. Dewey

George Royal

T. H. Hudson

Donald Macfarlan

Jas. C. Wood

Wm. K. Van den Burg

Wm. A. Stewart

Jos. P. Cobb

Edw. B. Hooker

Mary E. Hanks

D. A. MacLachlan

Sarah M. Hobson

W. E. Reily

H. A. Whitmarsh

H. H. Baxter

O. S. Runnels

W. B. Hinsdale

Marion Coon

A. L. Smethers

F. M. Dearborn

E. P. Mills

Maria W. Norris

Cora Smith King

Florence A. Richardson

Annie A. Spencer

Martha V. Thomas

Frieda E. Weiss

Mary E. Coffin

Sophia L. Cochran

F. Margaret Peake

Mary M. Hopkins

Hannah G. Hutchins

Minnie R. Bishop

Emma G. Holloway

and two who wished to remain unknown.

HOMŒOPATHIC CHAIRS IN THE UNIVERSITY OF CALIFORNIA

Reported by James W. Ward

Dean of Hahnemann College of the Pacific

The Hahnemann Medical College of the Pacific has become amalgamated with the University of California upon a basis which the enclosure explains. This letter, signed by the Dean of the University of California Medical School and myself was sent to President Wheeler and through him to the Board of Regents and accepted unanimously by the Regents as herein presented.

I am sending to the Secretary's office for filing a copy of the proposal which formed the basis of our discussions. After five months and through many conferences, on the 5th instant the arrangements were consummated and signed and on the 8th the Regents adopted the plan. The Regents were not favorable to the duplication of chairs in the University where that seemed unnecessary, but were most willing to put Homœopathy into the University if the academic arrangement could be consummated. These were finally worked out through Dr. Moffitt and myself and in it all I found the Dean of the University Medical School most helpful and encouraging.

I believe if the plan is carefully read and re-read you will see that it has been consummated in a unique manner. You will observe that the Department of Medicine, both allopathic and homœopathic, is elective; that one may be substituted for the other, and I believe it to be the first time when any University has given absolute rank within a school to a Homœopathic Department.

They are arranging to take over our property and have fixed in perpetuity the maintenance of these chairs. Our State Society, which is now in convention, has met it with fitting resolutions, and, from the legal side of our College, has fixed it definitely as an integral part of the University. It seems to me that it is now directly up to the homœopathic profession to give it vitality and progress.

This may not be the plan for some states, but I believe it is the best possible thing that could come to us. In the light of future medical instruction, it is either the rich endowment of an independent college or its affiliation with an established University that can give promise for the future.

[Enclosure]

The following is the plan suggested for the amalgamation of the Hahnemann Medical College of the Pacific with the University of California Medical School:

1. Beginning in August, 1915, all students matriculating in medicine must fulfill the requirements demanded by the University of California Medical School.

2. All students in the first two years will take all work in common except in materia medica. In this subject, 32 hours of so-called regular materia medica and 32 hours of homœopathic materia medica will be given in the second semester of the second year. Students may elect either one of these courses, and hours of instruction will be so arranged as to permit of election of both courses by all students who may so desire.

3. In the third and fourth years all students will take the same courses except in materia medica and therapeutics and in clinical medicine. Elective courses in these subjects will be offered so that students may choose whether they will take the work under instructors of the so-called Regular or Homœopathic school. If possible, the schedule will be so arranged as to permit students to take the courses offered by both departments if they so desire.

4. Instruction in homœopathy shall be in charge of two professors, to be added to the medical faculty—a professor of homœopathic materia medica and a professor of applied homœopathic therapeutics. The professor of applied homœopathic therapeutics will be in charge of clinical work to be substituted for similar work in the department of medicine. He will consult with the professor of medicine in the University, who must ratify the standard of instruction in this branch as in all other divisions of the Department of Medicine.

5. General lectures in homœopathic materia medica will be begun in the second semester of the second year, January, 1916. Advanced work in materia medica will be inaugurated August, 1916, if students are available.

6. The teaching in Applied Homœopathic Therapeutics will be begun August, 1917.

7. Until amalgamation of the schools can be finally effected, and until its present student body can be graduated, the Hahnemann Medical College shall proceed with its prescribed course of instruction during the next three years under the same conditions as now exist.

8. The didactic and clinical instruction of Hahnemann students during the transitional period shall be maintained and effected through the present homœopathic organization and shall be concluded at the present location of the College, and shall be granted the same consideration as to hospital facilities at the San Francisco Hospital and Hahnemann Polyclinic as exist at the present time.

9. The students of Hahnemann Medical College now in attendance in the sophomore, junior and senior classes as shall be eligible and shall qualify for the degree will receive the diploma of the Hahnemann College, but at the same time and place of graduation as University Medical students.

10. During the transitional period of three years, the Hahnemann Medical College shall meet all the expenses incurred in educating the three classes now constituting the student body, and the receipts from student fees and other resources of the Hahnemann College shall be allowed by the University for said purpose of maintenance.

11. After July 1, 1917, the University shall meet the salary to be agreed upon in support of the chairs of Homœopathic Materia Medica and Applied Therapeutics in the University of California Medical School as soon as such lecture courses are inaugurated and instruction proceeds.

12. As soon as practicable the clinics of applied homœopathy will be developed in conjunction with the medical clinic of the University. The Professor of Applied Homœopathic Therapeutics will be chief of such clinic, and will have at least two clinic rooms at his disposal. As soon as this is effected the present Homœopathic Clinics will be discontinued.

13. The Hahnemann Hospital will be conducted under its present management and will not be taken over by the Regents of the University.

14. In event of a redistribution of clinical beds at the San Francisco Hospital because of the absorption of the Hahnemann College by the University, a number of beds in the ratio of one in five shall be set aside by the University of California Medical School for the teaching of Applied Homœopathy.

Respectfully submitted,

(Signed) JAMES W. WARD,

Dean of the Hahnemann Medical College
of the Pacific.

(Signed) HERBERT C. MOFFITT,

Dean of the University of California Medical
School.

ANNOUNCEMENTS

Officers of the American Institute of Homœopathy—1915-1916

President, Henry C. Aldrich, Minneapolis, Minnesota.

Honorary President, Charles H. Cogswell, Cedar Rapids, Ia.

First Vice-President, T. Edward Costain, Chicago.

Second Vice-President, Cornelia C. Brant, Brooklyn, N. Y.

Secretary, Sarah M. Hobson, Chicago.

Treasurer, T. Franklin Smith, New York.

Registrar, William O. Forbes, Hot Springs, Arkansas.

Trustees, J. Richey Horner, Cleveland; Frederick M. Dearborn, New York City; Byron E. Miller, Portland, Oregon.

Censor, Earnest P. Mills, Ogden, Utah.

Surgical and Gynecological Society

President, E. Weldon Young, Seattle.

First Vice-President, T. Drysdale Buchanan, New York.

Second Vice-President, John W. Harris, Denver.

Secretary-Treasurer, Scott Parsons, St. Louis.

Obstetrical Society

President, Jno. E. James, Philadelphia.

First Vice-President, Stella Q. Root, Stamford, Conn.

Second Vice-President, J. E. Cogsell.

Secretary-Treasurer, G. A. Huntoon, Des Moines, Ia.

National Society of Physical Therapeutics

President, Harlan P. Cole, New York.

First Vice-President, E. C. Williams, Hot Springs, Va.

Second Vice-President, Cora Smith King, Washington,
D. C.

Secretary, Earnest P. Mills, Ogden, Utah.

Treasurer, Alden E. Smith, Freeport, Ill.

Ophthalmological, Otological and Laryngological Society

President, W. H. Phillips, Cleveland.

First Vice-President, A. E. Coon, Worcester, Mass.

Second Vice-President, H. A. Foster, New York.

Secretary, Ira O. Denman, Toledo.

Treasurer, W. M. Muncy, Providence, R. I.

Necrologist, G. W. Mackenzie, Philadelphia.

CENSORS

G. W. Mackenzie, Philadelphia.

T. C. Sage, Waterloo, Iowa.

G. D. Arndt, Mt. Vernon, O.

C. E. Allen, Kansas City, Mo.

International Hahnemannian Association

Reported by the Secretary, Frank W. Patch, M. D.

The thirty-sixth annual meeting of the International Hahnemannian Association was held at the Prospect House, Niagara Falls, June 22, 23, 24, 25. A large number of members were present from Chicago and Canada, who are not often seen at the gatherings.

Some sixty papers were presented by various members, and the discussion was active and interesting throughout. The papers, largely pertaining to the Philosophy of Homœopathy and the application of the Homœopathic *Materia Medica* to a wide range of diseased states.

Important verifications were brought out in many of the papers. A strikingly interesting proving of Scopolamin Hydrobromid was presented by Dr. Royal E. S. Hayes of Waterbury, Conn.

Dr. C. M. Boger of Parkersburg, W. Va., presented an important contribution to *materia medica*, in the form of a Sy-

noptic Key, an original arrangement of materia medica, adapted especially to the use of students and practitioners who desire to get at a quick glance the genius and scope of each remedy. It is accompanied by a brief and graphic repertory, the whole making an unusually complete book for bedside or desk use.

Dr. Harry B. Baker of Richmond, Va., presented a number of confirmations of *Ornithogalum Umbelatum*, a remedy little used in this country in recent years. Several papers dealt with recent provings and verifications of Radium Bromide, some of which form a distinct addition to the literature of this remedy.

Officers chosen:

President, Henry Becker, Toronto, Canada.

Vice-President, Henry L. Houghton, Boston, Mass.

Treasurer, William R. Powel, Philadelphia, Penn.

Secretary, Frank W. Patch, Framingham, Mass.

It was unanimously voted to meet in Philadelphia in 1916.

Anglo-French-American Hospital

The Anglo-French American Hospital at Neuilly, near Paris, acknowledges "as a matter of great pleasure, the kind co-operation in America" in the gift of fifty dollars from the Illinois Homœopathic Medical Association. Further gifts may be sent direct to Dr. George Burford, 35 Queen Anne street, Cavendish Square, W., London, England, to Dr. John P. Sutherland, 295 Commonwealth avenue, Boston, or to Dr. Egbert G. Rankin, 226 Central Park South, W. 59th St., New York City.

The following contribution was sent June 25 from the Pennoyer Sanitarium through the personal interest of Dr. Nelson Pennoyer:

Mrs. A. H. Lance, Kenosha, Wis., \$100.00.

Mrs. Jas J. Hoyt, Kenosha, Wis., \$50.00.

Mrs. William Howard Crosby, Racine, Wis., \$50.00.

Mrs. Herbert E. Miles, Racine, Wis., \$50.00.

Dr. Pennoyer, \$10.00.

Dr. Pennoyer's letter concluded with the message: "All of my friends are deeply interested in the success of the Allies, and are in entire sympathy with our English cousins in this, the most monstrous war conceivable."

Dr. Petrie Hoyle has been assigned a position nearer the front in Hôpital Auxiliaire No. 50—a hospital classed for "Petit Blessés," 30 beds on a possible £180 a month.

In a recent letter from that station, he writes: "One short year ago, I was happy at Atlantic City. Since then I can

hardly remember what has happened. It has been one service of work like unto handling the debris of train wreck, only rather worse! * * * Each hospital under the *Croix Rouge Française* gets a fifty dollar grant from the Government for each bed installed. After installation, the hospitals receive only two francs per day, per patient, which has to cover cost of food, as well as surgical necessities, and also food of the staff. How is it done? Only by skillful French management of the kitchen. Coffee and dry bread for breakfast at seven. Meat stew, vegetables, macaroni and bread at eleven. About the same for the patients at five-thirty and for the staff at seven. Special patients can get milk and extra diet. If the staff wants anything more, we have to get it by gifts from the outside. * * * My two litres of calendula are doing splendid work. Many bad wounds are going to a finish on this remedy. Some of the worst ones are getting symphytum in addition. I had a brilliant cure of diarrhea of two months' standing with cinchona. * * * I shall be delighted to get news from the States, if any care to drop me a line. It is a bit lonely here. But I booked for hard work under any rough conditions. We are rent free and hungry, which is lucky for us."

Prize Essay on Social Hygiene

The American Social Hygiene Association announces that the following committee of judges has been selected to award the prize of one thousand dollars provided by the Metropolitan Life Insurance Company for the best original pamphlet on social hygiene for adolescents between the ages of twelve and sixteen years:

Mrs. Martha P. Falconer, Member of the Board of Directors of the American Social Hygiene Association; Superintendent of Sleighton Farms, Darlington, Penn.

Lee K. Frankel, Ph. D., Sixth Vice-President, Metropolitan Life Insurance Company, New York.

Luther H. Gulick, M. D., President, the Camp Fire Girls, New York; formerly Director of Physical Training in the New York City Public Schools.

Miss Julia C. Lathrop, Chief Children's Bureau, U. S. Department of Labor, Washington, D. C.

Milton J. Rosenau, M. D., Professor of Preventive Medicine and Hygiene, Harvard Medical School, Boston, Mass.

Victor C. Vaughan, M. D., President of the American Medical Association; Dean Department of Medicine and Surgery, University of Michigan, Ann Arbor, Mich.

Mrs. Ella Flagg Young, Ph. D., Superintendent of Schools, Chicago, Ill.

The Metropolitan Life Insurance Company desires to use the winning pamphlet among its industrial policy holders.

CORRESPONDENCE

The Institute Train

Lake Louise, July 6, 1915.

To the Journal of the American Institute of Homœopathy:

We are spending the day at this delightful place. We have a special "homœopathic car," and have it filled with good and congenial homœopaths. Our car is parked at this station. We leave here at 9:40 tonight and go to Field, where our car will again be parked till tomorrow. We stop again at Glacier. We shall leave our car at Vancouver, and the car will be dead-headed to Seattle, while we take the steamer at Vancouver for Victoria and Seattle, and thence by train to Portland.

All are in good health and good spirits, and hope to reach our own dear, old United States safely. With only pleasant remembrances of the Institute week,

Byron E. Miller.

A Postgraduate School*

Boston, Mass., June 25, 1915.

Mr. President and Members of the American Institute of Homœopathy:

I wish to present in a two-minute resolution some ideas which I think should be studied and developed into a real entity, a real postgraduate school of homœopathy, somewhat under the suzerainty of the American Institute of Homœopathy. I refer you for splendid argument to Dr. Dienst's letter in the February JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, page 947, also a short outline of my own in April number of the same journal, page 1164.

Resolved, That a committee of three or five be appointed to consider the formation of a postgraduate college of homœopathy:

(1) Its advisability, the general sense of the profession, if such an institution is really needed.

(2) Do any of our homœopathic colleges present, in any of the postgraduate courses now given, adequate instruction in such postgraduate courses that a graduate in medicine could get good groundwork in homœopathy in a limited time—say six weeks or two months.

(3) Outline of a plan of work, location, number of branches, etc.

(4) A study of teachers, whether the best of the profession would give courses and remuneration.

*This communication should have been read before the Institute session, but was inadvertently filed with correspondence.—Editor.

(5) An outline of just what should be taught.

(6) A definite number of teachers and the selection of same.

To be concrete, I would suggest fifty or more names of those who are recognized teachers and lecturers in our school, to teach simply homœopathy, its theory and practice, its symptomatology and materia medica.

I would include in that list surgeons and specialists in the various branches, who believe in and practice homœopathy, as well as the strong men in the practice of homœopathic medicine.

(7) To consider the whole subject of postgraduate work in pure homœopathy in all its phases, and if the Institute should in any way embark on such a scheme; if so a complete outline of the work and its relation to the American Institute of Homœopathy.

I have found almost universal approval of some such plan to preserve, perpetuate and perfect the study and knowledge of this most rational and most ancient law and practice of the healing art.

I pray the Institute will take some definite step.

Willard A. Paul.

GENERAL NEWS

California. The medical profession on the Coast are renewing many recollections of the Institute session of 1910. Dr. George Royal has recently been the guest of Dr. James Ward. Mr. E. W. Runyon, of Boericke & Tafel, New York, is renewing old friendships in the field where he spent and gave a period of service in the department of pharmacy in the University of California, and where he was associated in the homœopathic pharmacy with Dr. William Boericke. With Dr. Dewey and Dr. Boericke, he was also associated in the California *Homœopath*, the predecessor of the *Pacific Coast Journal of Homœopathy*. Dr. Samuel H. Aurand is a visitor in southern California. Dr. Arthur H. Gordon and family came to California by the southern route in order to visit the Colorado Canyon. The Institute party, leaving Chicago July third, included Dr. and Mrs. Byron Miller on their return journey, Dr. George D. Allen and daughters of Portland, Michigan, Dr. Bertha Ebbs of Dedham, Mass., Dr. E. Weldon Young of Seattle, and Dr. and Mrs. Carl Schulze of Columbus, Ohio.

Illinois. The finance committee of the committee on local arrangements for the Institute session reports all bills paid and presents the following summary of gifts from the local profession for the entertainment of the visitors:

The Illinois Homœopathic Association contributed \$150.00; twenty-three physicians contributed \$25.00 each; two, \$20.00; five, \$15.00; twenty-seven, \$10.00; fifty-seven, \$5.00; and twenty-seven contributed smaller amounts. Dr. Street is to be congratulated upon his business management of the funds of the local committee.

Dr. Vaughan generously accords to each chairman of sub-committees and to the individual workers full praise for their co-operation in making his work as chairman a week of pleasure. Drs. Tenney, Fellows, Bacmeister, McCrillis and Mrs. Gordon come in for a large share of the praise.

The Daily News Fresh Air Fund presents its cause to all who are interested in the saving of infant life. Delay in the preparation of the new-made ground for the location of the new building has postponed until another year the new building. \$40,000 is yet to be provided. "The appeal is renewed to the large number of old contributors to the work to add to their investment by a further contribution as their interest in the undertaking may prompt."

The attending staff this year, in order of date of service, is as follows: Dr. Theodore Bacmeister, F. E. Culver, James Huber, Anson Cameron, Harold Miller, Mary C. Cornell, Sarah Hobson, Frank Metcalf, Roy Klaus and Allan Ferguson. The resident staff, under Dr. Barstow's superintendency, is Drs. Bertha Raymond, Eugene A. Moulton, Margaret Hammond and Julius A. Toren.

Baby Welfare Week is another summer philanthropy which enlists the active co-operation of the physician. It is a pertinent suggestion from the Bulletin from the Board of Health that "every week be made a baby welfare week."

The Consumers' Company renew their offer of free ice to any family upon presentation of a physician's certificate of the need. Blank certificates are furnished by the company to the individual physician upon application.

Dr. Shofield's monthly report from the Dispensary of Hahnemann College in Chicago for June is as follows:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
54	265	52	117	24	101	31	55	11	40
Eye and Ear		Nose and Throat		Venereal		Dermatology			
New	Old	New	Old	New	Old	New	Old	New	Old
100	268	29	58	9	11	20	60		
Total new patients.....								330	
Old patients.....								975	

Old and new.....1,305

Mr. E. W. Runyon, of Boericke and Runyon, was in

Chicago recently on his way to the Pacific Coast. He had received a first report of the Institute session from Dr. Dewey, at the Dewey summer headquarters in Middlebury, Vermont. Mr. Runyon complimented the good report of the Journal Committee of the board of trustees.

A good many of the Chicago doctors are off duty, or planning to quit the city, not so much for physical comfort, for Chicago is a notably comfortable place in summer, but for the sake of new point of view. Dr. Vaughan has gone to the woods of Michigan; Dr. Kahlke to Wisconsin, Dr. Spencer to Ephraim, Wisconsin; Dr. Fuller to The Snows. Dr. Bacmeister discontinues office hours on Wednesdays and Sundays for a period of three months. Others will close their office from Saturday noon until Tuesday for week-end holidays. And they who stay at home on the job will have a good bit of work from the closed offices of the vacationists.

Dr. E. W. Beebe, health commissioner of Oak Park, has run down a typhoid carrier in the person of Mary Burke, a cook who helped prepare the banquet for the high school pupils just prior to commencement.

Dr. Clare Garber, of Decatur, leaves her practice for a vacation of four to six weeks beginning with August. The Doctor would like to leave a substitute in her office. This is an opportunity for some one with an Illinois license to try out a central Illinois town.

Indiana. Dr. F. H. Huron, of Danville, a Civil War veteran, retires from practice to give his entire time to his invalid wife. There is an opportunity for some younger man to buy a house which has long been identified with homœopathic practice.

Michigan. At the last meeting of the Regents of Michigan University a new position was created in the Homœopathic Faculty; viz: Director of the Laboratory of Drug Pathogenesis. A new laboratory will be equipped in the school's administration building and systematic work will be commenced in the Department of Materia Medica in the fields included by the title of the position. Beside this three assistantships were created, one in General Surgery, one in Gynecology and Obstetrics, one in Internal Medicine. An additional hospital intern was also voted. The number of graduates from the School for the year was twenty-four.

Missouri. The members of the homœopathic profession of the great Southwest are confident of their ultimate success in raising a million dollars for hospital and medical school with collegiate attachment in a not far distant future. There is a vast territory tributary to Kansas City and all things are possible to such as will unite their efforts and their moneys.

Nebraska. The state society went on record in favor of

constitutional prohibition, endorsed the work of the state board of health in their efforts to obtain a state sanitary survey and approved the law prohibiting public drinking cups. The officers for 1915-16 are: President, Dr. W. R. Boyer, Pawnee City; first vice-president, Dr. G. A. Young, Ponca; second vice-president, Dr. W. A. Cate, Nelson; recording and corresponding secretary, Dr. Laura J. Brown, Lincoln; treasurer, Dr. O. S. Wood, Plattsmouth.

New York. Dr. Wm. H. Dieffenbach, Grand Chancellor of Alpha Sigma, was guest of honor at the Fraternity banquet in Chicago, during the Institute session. The theme of President McCleary's address was, "Boost the Truth."

Dr. E. G. Rankin announces removal in September to 175 W. 58th St., New York City.

Ohio. The *Sidney Daily News* gave a full column to the doings of the American Institute, particularly to the dinner in honor of Dr. Wood, thereby honoring three of Ohio's physicians, the guest at the feast, Dr. Beebe the chief promoter, and Dr. Sawyer the toastmaster.

The new hospital of the College of Homœopathic Medicine at the Ohio State University is estimated to cost \$50,000.00. Work thereupon will be pushed to an early completion.

Pennsylvania. The society for Clinical Research had its annual ball game at the Delaware Country Club in June. None know so well how to work hard as they who know how to play.

Dr. J. C. Wurtz gave a demonstration of two new and valuable urinary tests at the recent meeting of the Germantown society.

Dr. B. F. Books was guest of honor at the June meeting of the Lehigh Valley society. Drs. Straub, Reitz and Bittner presented papers.

The West Philadelphia Hospital, through its treasurer, announces that ground will be broken for the new building the middle of August and desires subscribers to make available the promised money as soon as possible.

Utah. Dr. Earnest P. Mills, of Ogden has been appointed medical examiner of the Modern Woodmen of America. Dr. C. A. Wherry is Assistant County Physician in Salt Lake County. Dr. Alice M. Ridge, for the past five years attending physician at the Florence Crittenden Home in Ogden, has a *nil* mortality record for the past year.

Lost—A cameo bracelet. Dr. Anna Johnston, 5016 Liberty Ave., Pittsburgh, lost a cameo bracelet between Hotel Sherman, Chicago, and the Art Institute Friday evening of the Institute session.

Correction. J. A. I. H., July, page 45, lines 13 and 23. Dr. Cowperthwaite wishes to correct the reading from "internal cancer" to "uterine cancer."

CHANGES OF ADDRESS

From Membership List in JOURNAL, November, 1914.

Moved to

- Bachelor, B. B.....1044 Union Ave., N., Portland, Ore.
 Bose, Bejoy Kumar.....13 Gomes Lane, P. O. Intally, Calcutta,
 India.
 Conley, H. D.....Women's Homo. Hosp., 20th and Dauphin
 Sts., Philadelphia, Pa.
 Couch, Asa S.....Scranton, Pa.
 Faris, Ralph S.....3003 E. Broad St., Richmond, Va.
 Farr, Margaret E.....Christian Herald Home, Myack, N. Y.
 Ford, Francis C.....229 N. Mayfield Ave., Chicago, Ill.
 Guernsey, Joseph C.....Box 188, Haverford, Pa.
 Hermann, John1606 Jackson St., Sioux City, Ia.
 Hubbard, Charles H.....1415 Chestnut St., Chester, Pa.
 Kershaw, J. M.....4044 Westminster St., St. Louis, Mo.
 McComb, J. P.....1511 Florencedale St., Youngstown, O.
 Mertz, H. G.....5 German Bldg., Hammond, Ind.
 Nicholson, H. S.....1612 Shady Ave., Pittsburgh, Pa.
 Richards, R. M.....1329 D. Whitney Bldg., Detroit, Mich.
 Starkey, G. G.....5734 W. Ohio St., Chicago, Ill.
 Truxal, C. W.....108 Wayne Ave., Wayne, Pa.
 Visalli, Joseph2995 22d St., San Francisco, Calif.
 White, Annie H.....5314 University Ave., Chicago, Ill.
 Whiting, Walter B.....600 Main St., Malden, Mass.

OBITUARIES

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.—Briggs.

George Warren Spencer. Born in Shalerville, Ohio, 1850, died in Cleveland, May 1, 1915.

He was a ready speaker; he was strong in his faith in homœopathy, an earnest debater and fearless in the declaration of the medical doctrines which he warmly espoused, he did not attempt to force his belief upon others but he was always ready to give a reason for the faith that was in him. He was an enthusiastic lover of his calling.—*Quay—An Appreciation—The Polycrest.*

Alonzo P. Bowie, M. D., March 31, 1847—April, 1915. A pioneer in homœopathic practice in Uniontown, Pa. Preventive medicine was his special pride. He was graduated from Hahnemann Medical College of Philadelphia in 1869, and was one of the incorporators of the Pennsylvania Homœopathic Medical Society.

AMERICAN INSTITUTE OF HOMŒOPATHY

CONSTITUTION AND BY-LAWS

Report of the Committee on Revision of
Constitution and By-Laws.

Recommendation of the Committee.

Revision of 1914
Constitution

ARTICLE I.

Name and Object.

CONSTITUTION

ARTICLE I.—*Name and Object.*

The title of this association shall be known in law as the AMERICAN INSTITUTE OF HOMŒOPATHY. Its objects shall be to promote the science and art of medicine; to diffuse medical knowledge; to safeguard the material interests of the profession; to elevate the standards of medical education; to obtain the enactment and the enforcement of just medical laws; and especially* to secure the general recognition and acceptance of Homœopathy.

ARTICLE II.—*Members.*

The Institute shall consist of a central body and of sectional societies whose members shall also be members of the Institute, election to membership being in accordance with the By-Laws hereinafter to be enacted.

ARTICLE III.—*Government.*

All matters pertaining to the Institute shall be conducted under two departments, (A) Administrative, (B) Professional.

A—The function of the administrative department is to have charge and control of the properties and finances of the Institute, including the Journal and propagandism; it shall exercise all proper supervision over colleges, hospitals and societies.

B—The function of the professional department is to have charge and control of all scientific and professional matters.

*The amendment to Article I, referred to the special committee, Dr. Krauss, chairman, reads, "To secure general recognition and acceptance of homœopathy as a therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases."

The title of this association shall be known in law as the AMERICAN INSTITUTE OF HOMŒOPATHY. Its object shall be to promote the science and art of medicine; to diffuse medical knowledge; to safeguard the material interests of the medical profession; to elevate the standard of medical education; to secure the enactment and the enforcement of just medical laws; to enlighten and direct public opinion so that by the employment of the best methods of hygiene and public sanitation, usefulness and longevity of the race may reach its highest development, but especially to secure the recognition of the law *Similia Similibus Curentur* — *the scientific basis of Hahnemann's methods as expressed by him, viz: Similia Similibus Curentur*; and to prove and authoritatively report the results of the effects of drugs upon healthy human beings with a view to their application in the cure of disease, the relief of suffering and the prolongation of human life.

ARTICLE II.—*Members.*

SECTION 1. The Institute shall consist of a central body and of sectional societies, whose members shall also be members of the Institute. The membership of the Institute shall consist of the present membership of the American Institute of Homœopathy, unincorporated, as

ARTICLE IV.—*Officers.*

The officers of the Institute shall be a President, two Vice-Presidents, a Secretary and a Registrar. There shall also be elected nine trustees who in connection with the President shall constitute the Board of Trustees and shall have the authority vested in them granted by the Articles of Incorporation according to the laws of the District of Columbia bearing date of September 26, 1908.

At each session of the Institute there shall be elected by the Seniors one of their members who shall be the Honorary President for the ensuing year.

It shall be the duty of the Board of Trustees to elect a Board of Control, consisting of three persons who may or may not be trustees of the Institute. This Board of Control together with the President shall direct and control the administrative department. The professional department shall be in charge and control of the Board of Trustees.

ARTICLE V.—*Seal.*

The Institute shall have an appropriate seal with suitable device and the following inscription. *Similia Similibus Curentur.* This seal shall be in the custody of the Secretary and be used only under the direction of the Board of Trustees.

ARTICLE VI.—*Funds.*

Necessary funds for the expenses of the Institute shall be raised in accordance with the by-laws hereinafter to be enacted and shall be appropriated by authority of the Board of Trustees or by direct vote of the Institute to defray the necessary expenses of the Institute, to enable officers and standing committees to fulfill their respective duties, to conduct their official correspondence and to meet such expenses as shall be ordered by the Institute in regular session.

ARTICLE VII.—*Meetings.*

SECTION 1. The Institute shall hold at least one session each year at such time

represented by the Treasurer to be in good standing, and of such others as have pursued a regular course of medical study according to the requirements of the existing institutions of the country, and who are eligible to membership in the state society of the State in which they reside, provided that such a society exists; or members of one of the sectional societies recognized by the American Institute, provided such members are elected in the manner to be hereinafter prescribed in the By-Laws. Further, provided that all diplomas considered as sufficient evidence of educational qualifications must represent institutions recognized by the Intercollegiate Committee of the American Institute of Homœopathy at the time of the issuance of the diplomas.

SECTION 2. No physician who graduated subsequent to the year 1903 shall be eligible to membership unless said graduation followed four full annual courses of didactic and clinical lectures of not less than six months each in a college recognized by the American Institute of Homœopathy at the date when his diploma was granted.

ARTICLE III.—*Officers.*

The officers of the Institute shall be a President, two Vice Presidents, a Secretary, a Treasurer, and a Registrar; there shall also be elected nine Trustees who, in connection with the officers above named, shall constitute the Board of Trustees, and shall have the authority vested in them granted by the articles of incorporation according to the laws of the District of Columbia, bearing date of September 26,

and place as may be determined by the Board of Trustees.

SECTION 2. A special meeting of the Institute may be called by the President upon the request of five members of the Board of Trustees, provided a thirty days' notice of such meeting shall have been given.

SECTION 3. The Board of Trustees shall hold an annual meeting, convening on the opening day of the annual session of the Institute at the place selected for such meeting, notice of which meeting shall have been given to each member of said board thirty days prior to said meeting and have been published previously in the JOURNAL. The President shall issue a call specifying the time and place of such meetings.

SECTION 4. A special meeting of the Board of Trustees may be called by the President or shall be called at the request of five members of the Board; such call shall enumerate the articles of business to be acted upon and shall be sent to each member of the Board two weeks before the date of meeting.

ARTICLE VIII.—*Amendments.*

This Constitution may be altered or amended by a vote of two-thirds of the members of the Institute present at any regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous meeting of the Institute.

BY-LAWS.

ARTICLE 1.—*Election of Officers.*

Officers shall be elected by ballot from the membership of the Institute in the manner hereinafter to be designated. The President, the two Vice-Presidents, the Secretary, and the Registrar shall be elected for a term of one year. Three members of the Board of Trustees shall be elected each year to serve for three years. No member shall be eligible to election as President of the Institute until he has been a member of the Institute for ten years, or to any other elective office until he has been a member for

1908. The officers of the Institute shall bear the same titles in the Board of Trustees and possess the same prerogatives and exercise all the duties which the By-Laws shall provide. Such officers shall be chosen at such time, in such manner, for such periods, and with such duties as the By-Laws hereinafter to be enacted shall provide.

At each session of the Institute there shall be elected by the Senate of Seniors one of its members who shall be the Honorary President of the Institute for the ensuing year.

ARTICLE IV.—*Seal.*

The Institute shall have an appropriate seal with suitable device and the following inscription—*Similia Similibus Curentur*. This seal shall be in the custody of the Treasurer and shall be used only under the direction of the Board of Trustees.

ARTICLE V.—*Funds.*

Same as Art. VI of revision.

ARTICLE VI.—*Meetings.*

The Board of Trustees shall hold two meetings annually, one during the month of December of each year, and the second on the opening day of the annual session of the Institute at the place selected for such meetings, notice of which meetings shall have been given to each member of said Board thirty days prior to said meeting and have been published previously in the official Journal. The President shall issue the call specifying the time and place of such meetings.

See also By-Laws Art. I and Art. II, Sec. 2.

ARTICLE VII.

Amendments.

Same as Art. VIII of revision.

five years. All officers shall assume office on September 26th next after their election which date shall be known as Incorporation Day

ARTICLE II.—*Duties of Officers.*

SECTION 1. The President shall preside at the meetings of the Institute and perform the duties usually pertaining to his office together with such other duties as may by vote of the Institute devolve upon him. He shall deliver an address at the opening of each session, make such suggestions as he may deem necessary for the Institute to act upon during the session and in his address may consider any subject relating to medical science.

SECTION 2. The Vice-Presidents in their order shall perform the duties of the President in his absence or disability.

SECTION 3. The Board of Trustees in addition to exercising its vested power shall fill temporarily any vacancies occurring among the elective officers; shall have jurisdiction over matters not specifically provided otherwise and shall perform such duties as by the vote of the Institute may devolve upon it.

SECTION 4. The Board of Control shall have power to equip and maintain suitable offices and to employ a general manager, an editor, a treasurer and such assistants as are needed to conduct the work of the administrative department. All salaries shall be fixed by the Board of Trustees upon recommendation by the Board of Control.*

SECTION 5. It shall be the especial duty of the Secretary to make or provide stenographic report of all scientific discussions of the Institute and of its bureaus. He shall send copies of these scientific discussions for revision and correction to their authors,

BY-LAWS

ARTICLE I.

Meetings.

This Institute shall hold at least one session each year, at such time and place as may be determined upon from time to time by the Board of Trustees.

ARTICLE II.

Election of Officers.

SECTION 1. The Officers shall be elected by ballot from the membership of the Institute, the President, the First and Second Vice-Presidents, for the term of one year. They shall enter upon their respective duties September 26 of each year, which date shall be known as Incorporation Day. No one shall be eligible to the office of President until he has been a member at least ten years, or to any other elective office until he has been a member five years. The Secretary, Treasurer and Registrar shall be elected for the term of three years and shall assume their duties on Sept. 26 next after their election. At the annual meeting in 1909 there shall be elected nine Trustees, *three* of whom shall be elected for *three* years, *three* for *two* years, and *three* for *one* year, and thereafter three shall be elected at each annual meeting for the term of three years.

SECTION 2. A special meeting of the Institute may be called by the President, or in the event of the disability of the President by a Vice-President, or by a quorum of the Board of Trustees, two weeks' notice in advance having been given.

ARTICLE III.

Duties of Officers.

SECTION 1. The President shall preside at the

*It is understood that during the incumbency of the present treasurer there shall be no change in the functions of his office except that his report shall be made to and through the Board of Control.

respectively, who shall be required to return them within one week after their reception, for publication in the Journal. If not so returned the original record shall be used by the Secretary.

SECTION 6. The Secretary shall keep a record of the proceedings of the session, conduct the correspondence of the Institute, issue notices of meetings, and perform such other general duties as the Institute or Board of Trustees may direct. It shall be the duty of the Secretary to correspond with homœopathic journals, furnishing them with such items of news and business of the Institute as may be judged expedient. The Secretary shall be paid an annual salary, the amount to be determined by the Board of Trustees.

SECTION 7. The Registrar shall attend to the registration of members, delegates, accredited visitors and recognized exhibitors present at the annual sessions, and to the distribution of appropriate badges to members and visitors. He shall make a full report to the Secretary at the close of the annual meeting.

ARTICLE III.—*Censors.*

SECTION 1. The Board of Censors shall consist of the President and Secretary, ex officio, and five members. One member of said board shall be elected by ballot at each annual session to serve for five years from the date of his election and the entire board shall be constructively in session during the year.

SECTION 2. They shall be empowered to receive applications for membership at any time and after publishing the same in the Journal of the American Institute of Homœopathy shall be empowered to elect by unanimous vote of said board such applicants to membership in the Institute with all the privileges pertaining thereto from the date of such election.

The names of members who have been elected by the Board of Censors during the

meetings of the Institute and perform the duties usually pertaining to his office, together with such other duties as may by vote of the Institute devolve upon him. He shall sign all certificates of membership. He shall deliver an address at the opening of each session; make such suggestions as he may deem necessary for the Institute to act upon during the session; and in his address may consider any subject relating to medical science.

SECTION 2. Same as Art. II, Sec. 2 of revision.

SECTION 3. The Board of Trustees shall have power to perform all the duties provided in Article III of the Constitution, shall arrange the business of the session and such matters as are not otherwise provided for, and perform such duties as by vote of the Institute may devolve upon it. It shall have power temporarily to fill any vacancies occurring among the elective officers.

SECTION 4. The Secretary shall keep a record of the proceedings of the meetings, conduct the correspondence of the Institute, issue notice of meetings, notify members of their election, sign certificates and perform such duties as the Institute and Board of Trustees may direct. It shall further be the duty of the Secretary to send to each Homœopathic journal which requests the same, within two weeks after the adjournment at the annual meeting, a list of the officers for the ensuing year, together with a list of the officers of the sectional societies.

SECTION 5. It shall be the special duty of the Secretary to make or provide

interim following the preceding meeting of the Institute shall be announced in open session on the first day of the meeting.

ARTICLE IV.—*Membership.*

SECTION 1. Applicants for membership in the Institute shall present to the Board of Censors a certificate signed by three members of the Institute one of whom has personal acquaintance with the applicant, which certificate shall show that the applicant has pursued a course of medical studies according or equal to the requirements of the existing institutions of this country; that he is eligible for membership in the state society of the state in which he resides; that he sustains a good moral character and professional standing and is legally qualified to practice medicine in the state where he resides. No person shall be considered a member until he has paid the annual dues.

SECTION 2. The annual membership dues shall be \$3.00. The annual subscription to the JOURNAL of the Institute shall be \$2.00. To enlist the coöperation of recent medical graduates, physicians applying for membership during the three years following graduation may be admitted upon the following sliding scale: \$2.00 the first year, \$3.00 the second year, \$4.00 the third year, and \$5.00 annually thereafter; the payment of which includes annual subscription to the JOURNAL, \$1.00 for the first year and \$2.00 for each year thereafter. The business transactions of the Institute shall be sent to those members who have paid their dues. The JOURNAL shall be sent only to those who have paid their subscriptions.

SECTION 3. Members neglecting the payment of dues for three years after proper notification from the Treasurer may have their names dropped from the roll of membership. Any person thus suspended shall on recommendation of the Board of Censors have the privilege of reinstatement by paying all arrearages.

stenographic reports of all scientific discussions of the Institute and of its bureaus, and of all Standing Committees. He shall send copies of these scientific discussions for revision and correction to their authors, respectively, who shall be required to return them within one week after their reception, for publication in the Transactions or in the Journal. If not so returned, the original record shall be used by the Secretary. The compensation and necessary expenses connected with such reports shall be paid by the Treasurer upon presentation and approval of the certified accounts.

The Secretary shall be paid an annual salary, the amount to be determined by the Board of Trustees.

SECTION 6. The Treasurer shall receive all moneys belonging to the Institute and make all disbursements under the direction of the Board of Trustees, except as directly ordered by a vote of the Institute. The expenses of the Treasurer in attending the meetings of the Institute shall be paid by the Institute. He shall furnish at each annual meeting a written report of the finances of the Institute, which report shall be audited by a committee appointed by the President.

SECTION 7. Same as Art. III. Sec. 7 of revision.

ARTICLE IV.—*Censors.*

SECTION 1. The Board of Censors shall consist of the President, Secretary and Treasurer, ex-officio, and five members. One member of said Board shall be elected by ballot at each annual session, to serve for five years from the date of his election, and the entire Board shall be constructively in session during the year.

SECTION 4. All members of the Institute who have maintained twenty-five consecutive years' membership in the American Institute of Homœopathy shall be considered senior members and be exempt from annual dues.

SECTION 5. The Board of Trustees shall be authorized to remit, *sub silentio*, the dues of those who for ten years have been in good membership and have paid their dues during that time, provided that such members are unable to continue the payment of their annual dues.

SECTION 6. Any foreign physician may be elected a Corresponding Member of the Institute at any annual meeting on recommendation of the Board of Censors and shall have all the privileges of members, except voting and eligibility to office.

SECTION 7. The Institute may at any annual meeting elect as Honorary Members, not to exceed five in one year, any foreign physicians who may be judged worthy from their superior attainments in medicine; provided, that the names of persons proposed for Honorary Membership shall have been presented at a previous annual meeting and endorsed by the Board of Censors. Such Honorary Members shall have all the privileges of members except voting and eligibility to office.

SECTION 8. The Institute upon the endorsement of the Board of Censors may at any annual meeting elect as Honorary Associate Members, not to exceed three in one year, any persons not members of the medical profession who have been in any way of special service to science and humanity, and particularly those who have been special patrons of homœopathy, and such Honorary Associate Members shall have all the privileges of Honorary Members.

ARTICLE V.—*Congress of States.*

The business session of the third morning of each annual meeting of the Institute shall be given over to a Congress of States which

SECTION 2. They shall be empowered to receive applications for membership at any time, and after publishing the same in each issue of the Journal of the American Institute of Homœopathy for one month shall be empowered to elect by unanimous vote of said Board such applicants to membership in the Institute, with all the privileges pertaining thereto from the date of such election. The Board of Censors as at present constituted in the American Institute of Homœopathy unincorporated, shall hold office until the expiration of their terms.

The names of members who have been elected by the Board of Censors during the interim following the preceding meeting of the Institute shall be announced in open session on the first day of the meeting.

ARTICLE V.—*Membership.*

SECTION 1. The membership of the Institute shall be composed of those meeting the requirements as set forth in Article II of the Constitution. If found qualified, the candidate may be elected a member in the manner provided for in Article IV of the By-Laws or at any regular meeting of the Institute, the name of said candidate having been presented by the Board of Censors before the last day of the regular session. The Board of Censors shall have before it the application of the proposed member containing a certificate signed by three members of the Institute, one of whom has personal acquaintance with the applicant, which certificate shall show that the applicant has pursued his regular course of medical studies according to the requirements of the existing

shall be constituted as follows:—One delegate from every sectional, state, county and local society whose membership numbers less than twenty-five and one delegate for every twenty-five members over and above this initial number of members; one delegate from each accredited Homœopathic Hospital, Hospital for the Insane, and Homœopathic Dispensary; and one delegate from each Homœopathic Journal. This Congress shall choose its own officers and its own governing rules subject to prescribed regulations of the Institute. Its functions shall be to establish uniform standards of membership in homœopathic societies; to consider matters relating to medical legislation—national, state and local; to propose means for improving the economic conditions of the medical profession; to transact such other business as may not be contrary to the rules of the Institute; and to consider such matters as may be referred to it by the Institute or its trustees.

ARTICLE VI.—*Bureaus.*

SECTION 1. The following bureaus shall be appointed as hereinafter provided for:

- A—Materia Medica and General Therapeutics.
- B—Clinical Medicine and Pathology.
- C—Homœopathy.
- D—Pedology.
- E—Sanitary Science, Public Health and Social Hygiene.
- F—Dermatology and Genito-Urinary Diseases.
- G—Clinical Research.

SECTION 2. Each of these bureaus shall consist of not less than five members.

SECTION 3. The Chairman of each bureau, as soon as possible after appointment, shall select his associates and complete the organization of his bureau by the appointment of a secretary. He shall, within one month after his appointment, send to the Secretary of the Institute a list of the members of his bureau. In case of failure to comply with the provisions of this section, the President

institutions of the country; that he is eligible for membership in the state society of the state in which he resides; that he sustains a good moral character and professional standing and is legally qualified to practice medicine in the state where he resides. No person shall be considered a member until he has paid annual dues.

SECTIONS 2 and 3. Same as Art. IV, Sec. 2 and 3 of revision.

SECTION 4. All members of the Institute who have maintained twenty-five consecutive years' membership in the American Institute of Homœopathy unincorporated shall be considered senior members and be exempt from annual dues, and the same designation and exemption from dues shall be accorded to others whose term of membership in the incorporated body added to the number of years of membership in the American Institute of Homœopathy unincorporated shall amount to twenty-five years in good standing, and to honorary members as heretofore or hereinafter provided.

SECTIONS 5 and 6. Same as Art. IV, Sec. 5 and 6 of revision.

SECTION 7. The Institute may at any annual meeting elect as Honorary Members, not to exceed five in one year, any foreign physicians who may be judged worthy from their superior attainments in medicine; provided, that the names of persons proposed for Honorary Membership shall have been presented at a previous annual meeting. Such Honorary Membership shall have all the privileges of members except voting and eligibility to office.

SECTION 8. The Insti-

is authorized to appoint another chairman. The presidents of the sectional societies shall also conform to the requirements laid upon the chairmen of bureaus in the matter of making report to the Secretary of the Institute.

SECTION 4. No member shall be appointed to more than one bureau in one year. If any member's name occurs in more than one bureau he shall be notified by the Secretary of the Institute to elect the one to which he wishes to be assigned. No chairman shall serve as such two successive years.

SECTION 5. Vacancies occurring in any bureau may be filled by the Chairman, who shall give immediate notice thereof to the Secretary of the Institute.

SECTION 6. The Institute shall recognize the following sectional societies as part of its body:

(a) The Surgical and Gynecological Society of the American Institute of Homœopathy.

(b) The Obstetrical Society of the American Institute of Homœopathy.

(c) The College Alliance of the American Institute of Homœopathy.

SECTION 7. Each sectional society shall perfect its own organization, make its own constitution and by-laws, elect its own officers and conduct its own deliberations. It shall have self-government so far as its organization and conduct of its affairs are concerned, but shall be strictly under the rule of the Institute in all matters of publication and other requirements of general welfare.

SECTION 8. The meetings of the sectional societies shall be held annually at the same place and time as the Institute, but shall not conflict with the business sessions or approved program of the Institute except as permitted by special action of the Institute.

SECTION 9. The president of each sectional society shall present to the general session from time to time such matters as may be of general interest to the profession.

SECTION 10. No constitution or by-laws of any sectional society shall in any manner

tute may at any annual meeting elect as Honorary Associate Members, not to exceed three in one year, any persons not members of the medical profession who have been in any way of special service to science and humanity, and particularly those who have been special patrons of Homœopathy, and said Honorary Associate Members shall have all the privileges of Honorary Members.

SECTION 9. Any physician properly accredited as a delegate shall be admitted during the session of the Institute to all the privileges of membership, except voting and eligibility to office, on the following basis:

First.—From every association composed of more than fifty members from different states two delegates, with an additional delegate for every twenty members.

Second.—From every state society two delegates, with an additional delegate for every twenty members.

Third.—From every county or local society one delegate.

Fourth.—From every hospital, asylum for the insane, or dispensary actually established, one delegate.

Fifth.—From every medical journal established one delegate.

ARTICLE VI.—*Bureaus.*

SECTIONS 1, 2, 3, 4, 5. Same as Art. VI, Sec. 1, 2, 3, 4, 5 of revision.

SECTION 6.

(a) and (b). Same as Art. VI, Sec. 6 (a) and (b) of revision.

(c) The Society of Neurology and Psychiatrics of the American Institute of Homœopathy; and such other societies as may be formed from time to time, under the rules and regulations of the Institute.

conflict with the constitution and by-laws of the Institute.

ARTICLE VII.—*Committees.*

SECTION 1. (a) International Homœopathy.

- (b) Hahnemann Monument.
- (c) Council on Medical Education.
- (d) Resolutions.
- (e) Press.
- (f) Transportation.

Committee (a) shall consist of five members, whose duties shall be to collect all statistics relating to the growth of medical societies and institutions in foreign countries and form such affiliations as shall be of interest to the school at large, and report the results of their work with such recommendations as they deem fit to the Institute.

Committee (b) shall consist of five members, one of whom shall be a resident of Washington, D. C., whose duties shall be to look after the welfare of the Hahnemann Monument located in Washington, care for and regard its preservation, and, if necessary at any time, to insure its restoration.

The duties of the Council (c) shall be to inspect and classify our medical schools, establish standards of medical education, and protect the interests of the homœopathic colleges; also to inspect and classify the public and private homœopathic hospitals with special reference to their educational possibilities, and attend to such matters as have to do with medical education.

Committee (d) shall consist of five members, one to serve five, one four, one three, one two and one one year, respectively, and thereafter one member appointed each year to serve five years.

Press Committee (e) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

Committee on Transportation (f) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

SECTIONS 7, 8, 9, 10.
Same as Art. VI, Sec. 7, 8,
9, 10 of revision.

ARTICLE VIII.

Committees.

SECTION 1. (a) Organization, Registration and Statistics.

- (b) Interstate.
- (c) International Homœopathy.
- (d) Hahnemann Monument.
- (e) Pharmacopœia.
- (f) Council on Medical Education.
- (g) Resolutions.
- (h) Press.
- (i) Transportation.

SECTION 2. Committee (a) shall consist of five members, of which the Treasurer shall be chairman, ex-officio, and the Registrar a member. Its duties shall be to collect and publish in the Transactions, statistics of all organizations availing themselves of the advantages of Homœopathy or having as their objects the promulgation of its interests.

Committee (b) shall consist of two members from each state, to be appointed by the respective state societies, provided such appointees are members of the Institute. To this Committee shall be referred all questions pertaining to medical legislation or to the general policy of the Institute as it relates to the promulgation of the interests of the organization or to the School of Homœopathy. Said delegates shall be appointed for a term of four years, and shall hold office until their successors have been appointed. Each state society shall also appoint one or more alternates. The Chairman shall have power to appoint members to fill vacancies from any state failing to elect members, as prescribed by the by-laws, or in place of any

SECTION 3. The President shall on September 26th, the day of his inauguration, forward to the Secretary the names of the chairmen of the bureaus and the standing committees not otherwise provided for, who shall serve during his administration.

SECTION 4. All committees or members appointed to perform any special work under the authority of this Institute shall serve without compensation, unless otherwise specifically ordered.

ARTICLE VIII.—*Publications.*

SECTION 1. The proceedings shall consist of transactions as hereinafter specified and the scientific papers with their discussions, and shall be published seriatim in a monthly journal—The Journal of the American Institute of Homœopathy—under the control of a committee from the Board of Trustees, the committee on the Journal.

SECTION 2. The transactions of the Institute shall consist of the minutes of the business sessions of the Institute and allied sectional societies together with the reports of the officers and standing committees, an alphabetical list of members, including a list of senior members in capitals, and a list of members classified by states. The code of ethics shall be published every three years.

The transactions shall be issued by the Secretary as instructed by the Board of Trustees and copies delivered to those entitled to them without individual expense.

ARTICLE IX.—*Educational Standards.*

The standards of preliminary and medical education of the American Institute of Homœopathy shall be as follows:

SECTION 1. At least a four years' graded high school course as a preliminary educational requirement.

SECTION 2. A medical course of not less than four thousand three hundred hours, of which six hundred must be devoted to the study of *Materia Medica*, *Experimental Pathogenesis* and *Pharmacology*, in four separate calendar years of not less than eight months each, combining didactic, clinical and lab-

delegates absent, from any cause. The officers of the Interstate Committee shall consist of a Chairman and Secretary, to be elected annually by the Committee. The duties of the Interstate Committee shall be as follows: First, to consider and report upon such questions as relate to the general policy of the School as shall be referred to it by the Institute; second, this Committee shall, through its Secretary, inform the secretaries of all Homœopathic societies and institutions of the existence and purposes of this Committee; third, this Committee shall furnish all state societies blank forms of credentials for certifying delegates to this Committee; fourth, this Committee shall furnish written annual reports; fifth, the duties of the delegates shall be defined by this Committee.

Committee (c) shall consist of five members, whose duties shall be to collect all statistics relating to the growth of medical societies and institutions in foreign countries and form such affiliations as shall be of interest to the school at large, and report the results of their work with such recommendations as they deem fit to the Institute.

Committee (d) shall consist of five members, one of whom shall be a resident of Washington, D. C., whose duties shall be to look after the welfare of the Hahnemann Monument located in Washington, care for and regard its preservation, and, if necessary at any time, to insure its restoration.

Committee (e) shall consist of not less than five members.

Council on Medical Education (f) shall consist of five members, one to serve

oratory work, pursued in a medical college or colleges approved by the Institute.

Such course shall comprise thorough training in Anatomy, and its sub-divisions, Histology, Embryology, Topographical Anatomy, etc.; Physiology and Chemistry as applied to medicine; Pathology, including Bacteriology and Toxicology; Therapeutics, prophylactic, palliative and curative; Practice of Medicine, including physical and clinical diagnosis; Neurology, Insanity, Pediatrics, Surgery, Obstetrics, Gynecology, Ophthalmology, Otology and Laryngology, Dermatology and Medical Jurisprudence.

ARTICLE X.—*Rules of Order.*

SECTION 1. The names and residences of applicants for membership shall be announced in alphabetical order by the Board of Censors in open session, at least six hours before their election is voted upon.

SECTION 2. The report of the necrologist shall be presented in connection with the report of a committee on memorial service.

SECTION 3. The time allotted to any committee for the presentation of its report shall not exceed fifteen minutes. No report shall be received from any committee except in writing.

SECTION 4. No report or paper shall be received by the Institute in an incomplete or unfinished condition, and no paper shall be published in the transactions, or in the Journal which has been published previously to its presentation to the Institute, or which is not handed to the Secretary before the close of the session. Papers read by title in the absence of their authors and papers published in other periodicals than the official Journal may be published in abstract.

SECTION 5. Meetings of the bureaus may be held at the call of their chairmen, provided such meetings be not held during the sittings of the Institute, nor during the meetings of the other bureaus, except as provided in the adopted Order of Business.

SECTION 6. In all discussions no speaker shall be allowed more than five minutes, nor

five, one four, one three, one two, and one one year, respectively, and thereafter one member appointed each year to serve five years. The duties of this Council shall be in the direction of classifying and elevating the standard of medical education, to protect the interests of Homœopathic colleges, to confer with and work along the same lines as the Council on Medical Education of the American Medical Association, also the Association of American Medical Colleges and to report annually to this body.

Committee on Resolutions (c) shall consist of five members, one to serve five, one four, one three, one two and one one year, respectively, and thereafter one member appointed each year to serve five years.

Press Committee (d) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

Committee on Transportation (e) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

SECTIONS 3 and 4. Same as Art. VII, Sec. 3 and 4.

ARTICLE VIII.—*Committee on Publications.*

SECTION 1. The Committee on Publications shall consist of three members of the Institute, to be appointed annually by the Board of Trustees, whose duty shall be to pass upon all papers or reports presented to the Institute, and the decision of such Committee as to the publi-

to speak more than once upon the same subject, except by vote of consent taken in the usual manner.

SECTION 7. At the conclusion of the work of each bureau its chairman shall hand to the Secretary its reports, addresses and papers, which shall remain in his hands until published.

SECTION 8*. Nominations for all elective offices shall be in the hands of the Secretary by 10 A. M. on the second morning of the annual business session. The election of officers shall take place between one and three o'clock on the third afternoon of each annual business session. Any person receiv-

*The following amendment was proposed at Atlantic City, 1914, and referred to Committee on Revision in 1915:

Amendment to By-Laws, Art. X, Sec. 8: Strike out the whole section and insert the following:

The nominations for officers shall be in the hands of the Secretary of the Institute before the first day of February preceding the date of the annual session of the Institute. Any member of the Institute meeting the requirements of Article II, Section I of the By-Laws, and who has the endorsement of fifty members of the Institute shall be considered a nominee. No nomination shall be considered after the first day of February preceding the annual session. If no nomination papers are handed in it shall be the duty of the Board of Trustees to see that at least one paper shall be presented to the Secretary for each of the elective offices.

At least sixty (60) days before the date of the annual session of the Institute the Secretary shall prepare a ballot on which shall be printed the names of all the nominees for all the offices of the Institute and shall mail a copy to every member of the Institute. Accompanying the ballot shall be three envelopes designated I, II and III, the first to receive the vote of the member for offices, the second the vote of the member upon questions of policy and the third for the purpose of returning the votes of the members to the Secretary. Upon envelope No. III the member shall write his name and address. Envelope number III, including envelopes number I and II, must be in the hands of the Secretary fifteen days before the first day of the annual session.

The Secretary of the Institute, together with two members appointed by the Board of Trustees, shall constitute a committee whose duty it shall be to canvass the votes and present the result to the President of the Institute before 10:00 a. m. of the first day of the annual session.

cation of papers or reports shall be final.

SECTION 2. No report or paper referred to Committee on Publication shall be rejected except with the formal concurrence of a majority of said Committee. All papers so rejected shall be returned to their authors by the Secretary.

SECTION 3. The Transactions of the Institute shall be issued by the Secretary, under the direction of the Committee on Publication, as instructed by the Board of Trustees, and copies shall be delivered to those entitled to them without individual expense. The Transactions of the Institute shall consist of the minutes of the business sessions of the Institute, and allied sectional societies, together with the reports of the officers and standing committees, the lists of senior members arranged according to their years of membership, and alphabetical list of members, including a list of senior members, in capitals, and a list of members classified by states. A complete list of members of the Institute from its organization and its code of ethics shall be added every three years.

SECTION 4. The Secretary shall furnish editorial copies of the Transactions to such Homœopathic journals as are sent to the Institute in exchange, and to other selected journals.

SECTION 5. The Secretary shall send copies of the Statistical Reports to all hospitals and dispensaries that make reports to the Committee on Organization, Registration and Statistics.

ARTICLE IX.—*Educational Standards.*

The standards of preliminary and medical edu-

ing the indorsement of ten members shall be considered a nominee, provided no indorser's name appear on more than one paper for that office.† If no nomination papers are handed in, it shall be the duty of the Board of Trustees to see that at least one paper shall be prepared for each of the elective officers. No nomination shall be considered after the President has declared the nomination closed. These papers shall immediately be placed in charge of a special committee of three, to be appointed by the President, to which shall be added the Treasurer and Registrar, ex officio. The duties of the committee shall be, first, to prepare an official ballot of the Australian form on which the names of all nominees shall be placed in alphabetical order for the office to which they are nominated; second, to take general charge of the election; third, in conjunction with the Secretary and the Treasurer, to prepare a roster of members in good standing, which shall be used as a check list and ultimate judge as to voting and qualifications of members. Upon declaration of the result, should no election be had for any office, the Institute shall elect from two candidates receiving the highest number of votes. Members shall vote by the method known as the Australian system, i. e., putting a cross-mark opposite the name of the person voted for. Should more marks be placed than the office calls for, such ballot shall be invalidated, so far as that particular office is concerned. The inspectors of election shall report when and as the Institute may direct.

SECTION 9*. The determination of the next place of meeting shall be made as follows:

†Dr. Gilbert FitzPatrick proposed the following amendment to Article X, Section 8. That the fourth sentence, "If no nominations, etc." be amended to read: "It shall be the duty of the board of trustees to see that at least two papers are prepared for each of the elective officers."

*In the business session of Friday, July 2, Dr. Royal S. Copeland recommended: "The revision committee should see to it that in their revised constitution and by-laws the trustees are left free to select the place of meeting."

cation of the American Institute of Homœopathy shall be as follows:

At least a four years' graded High School course as a preliminary educational requirement and a medical course of not less than four thousand three hundred hours in four separate calendar years of not less than eight months each in actual didactic, clinical and laboratory work in a medical college or colleges recognized by the Institute. Such courses to consist of a thorough training in anatomy and its subdivisions, Dissection, Histology, Embryology, Topographical Anatomy, etc.; Physiology and Chemistry as applied to medicine; Pathology, including Bacteriology, Toxicology, and Therapeutics; the Practice of Medicine, including Medical and Physical Diagnosis; Neurology, Insanity, Pediatrics, Hydro and Electro Therapy; Surgery and all its branches; Obstetrics, Gynecology; Eye, Ear, Nose and Throat Diseases; Dermatology, Hygiene and Medical Jurisprudence.

ARTICLE X.—*Rules of Order.*

SECTIONS 1, 2 and 3. Same as Art. X, Sec. 1, 2 and 3 of revision.

SECTION 4. No report or paper shall be received by the Institute in an incomplete or unfinished condition, and no paper shall be published in the Transactions, or in the Journal which has been published previously to its presentation to the Institute, or which is not handed to the Secretary before the close of the session.

SECTIONS 5 and 6. Same as Art. X, Sec. 5 and 6 of revision.

SECTION 7. At the conclusion of the work of each bureau its Chairman shall

All invitations for places of meeting shall be forwarded to the Board of Trustees before June first preceding the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board of Trustees shall not be limited in their selection to places proposed as above. The Board's report shall be made to the Institute, when the location has been determined.

ARTICLE XI.—*Adjustments.*

All complaints relating to violations of the code of ethics for the Institute shall be referred to the Seniors for consideration and adjustment, and its decision shall be final, without further action of the Institute, except in such cases as require disciplinary action, when the Seniors shall report to the Institute, with recommendations.

Questions in dispute, having a bearing upon the general good of homœopathy, shall be referred to the Congress of States for consideration and report.

ARTICLE XII.—*Amendments.*

These By-Laws may be altered or amended by a vote of two-thirds of the members of the Institute present at any session of the annual meeting, provided that notice of such alteration or amendment shall have been given at the previous annual meeting. They may be suspended at any session of the annual meeting by a two-thirds vote of the members present.

hand to the Secretary its reports, addresses and papers, which shall remain in his hands until the Transactions are printed.

SECTION 8. Nominations for all elective officers shall be in the hands of the Secretary by 10 A. M. on the second morning of the annual business session. The election of officers shall take place between ten and twelve o'clock on the third morning of each annual business session. [The remaining sentences are the same as in Art. X, Sec. 8 of revision.]

SECTION 9. Same as Art. X, Sec. 9 of revision.

ARTICLE XI.

All complaints relating to violations of the Code of Ethics for the Institute shall be referred to the Senate of Seniors for consideration and adjustment, and its decision shall be final, without further action of the Institute, except in such cases as require disciplinary action, when the Senate shall report to the Institute, with recommendations.

Questions in dispute, having a bearing upon the general good of Homœopathy, shall be referred to the Interstate Committee for consideration and report.

ARTICLE XII.—*Amendments.*

Same as Art. XII of revision.

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IODIN*

By Aug. Korndærfer, M. D., Philadelphia

One of America's most profound thinkers remarked to me a few years ago: "I believe in homœopathy because it is in perfect harmony with nature's laws in other fields of science. Under it in social science may be explained many otherwise unsolvable problems."

This holds so true that it places upon us, and each of us, a responsibility peculiarly our own, and involves the necessity for a comprehensive understanding of the law and of the method of applying the same, in the treatment of disease, coupled with an undying enthusiasm in the development and dissemination of its truths.

The basis of homœopathic therapeutics necessarily is a pure *materia medica*. By pure *materia medica* we are to understand a full and correct record of the power inherent in the individual drug to alter the normal health status of man. This includes a knowledge of the action of the so-called physiologic and lethal doses, as well as of the dynamic effects noted in the symptom registers or pathogeneses of our provings.

Materia medica is not merely a mass of symptoms which may be memorized verbally; it is more. It represents drug potentiality in altering functional activities, giving expression to the same through symptoms excited by such drug action upon the healthy. For its best utilization we must emphasize the characteristic symptom peculiarities resultant upon the action of each individual drug, as it is these symptoms that make the drug individual and specific in its totality.

We find in each pathogenesis one or more symptom complexes appertaining to the functions over which the drug exerts a modi-

*Bureau of *Materia Medica*, A. I. H., 1915.

fying influence that form the homologues of certain diseased states against which it stands in homœopathic relation.

In a word, the study of *materia medica* includes both pharmacology and pharmacodynamics, embracing everything pertaining to the specific action of each drug upon the healthy status of the individual.

A working knowledge of *materia medica* implies an understanding of the symptom complexes which in their totality typify the genius of the remedy. Such symptom complexes usually are limited in number in each drug and when thoroughly understood give the prescriber the key to the successful therapeutic use of our remedies.

To arouse a lively interest in the study of *materia medica* every student should be encouraged to make personal provings of drugs, for thus only can he attain to a full appreciation of the importance of symptoms as the most trustworthy expression of drug effects. Thus only, also, will he attain to a lasting faith in the proved therapeutic agents and become a true and ardent disciple of the homœopathic healing art. Based upon such foundations the study of our *materia medica* becomes both interesting and practically useful to the physician, and therapeutics a boon to the sick.

Let us by way of illustration apply these thoughts to a study of iodin, one of the most useful of the halogens.

First we must differentiate the purely local phenomena dependent upon the caustic or irritant action of the drug and the purely dynamic symptomatic indications; remembering that the former are practically worthless in determining its sphere of homœopathic use.

In moderate therapeutic doses iodin causes merely some gastric uneasiness and a disagreeable metallic taste in the mouth; larger amounts cause in addition violent vomiting, increased flow of saliva, abdominal pains and purging. Many other symptoms occur which are worthy careful study.

The physiological effects of iodin become intelligible when we accept the explanation of these phenomena advanced by Sajous in his masterful work, "The Internal Secretions and Principles of Medicine."

Iodin and its preparations are taken up by the leucocytes and it is through the intermediary of these cells that they—or rather the substances into which the leucocytes convert them—penetrate into the circulation.

The thyroid and parathyroid glands utilize iodin for the

elaboration of their secretion, thyroidase. Iodin and its preparations provoke constriction of all vessels, arteries and veins, because these vessels are supplied with a muscular coat, and owing to excessive metabolism which they incite indirectly in this the contractile layer of the vessels.

What has been mistaken for general vasodilation is dilation of the capillaries. These delicate vessels not being supplied with a muscular coat or vasomotor nerves are not morbidly influenced as are the others, but they suffer indirectly: the arteries and veins by contracting inordinately drive the blood into them and cause passive dilation.

The physiological effects of iodine on the test organ cause it to react violently, the adrenals are stimulated with corresponding vigor and, the excess of iodine in the blood aiding, abnormal vasoconstriction, produced in the manner described, occurs. This abnormal vasoconstriction is the direct factor in the production of iodism, and may give rise to four classes of morbid phenomena: (1) passive engorgement or congestion of all capillaries; (2) edema, when the engorgement becomes excessive; (3) ecchymoses and hemorrhages, when the walls of the capillaries are ruptured; and (4) arrest of function and nutrition when the vasoconstriction is such as to reduce or arrest the flow of blood to the tissues.

The group of morbid phenomena due to capillary engorgement includes: in the respiratory tract, coryza, antral and frontal pain, pharyngitis, tonsillitis, cough, hoarseness, tracheobronchitis and pulmonary congestion; in the nervous system, headache, insomnia, delirium, neuralgia, neuritis, pleurodynia; in the muscular system, myalgia, tremor, twitching and spasm (the spinal centers being likewise hyperemic); in the organs of special sense, conjunctivitis, dacryocystitis, tinnitus aurium, deafness, perversions of taste; in the digestive system, gastric irritation, vomiting and diarrhea; in the skin pruritus, erythema and dermatitis; in the urinary system, polyuria, albuminuria and nephritis; in the glandular organs, salivation, parotitis and hepatitis with icterus. Less frequently seen are the edematous infiltrations; edema of the larynx, palate, pleura and lungs, and of the lids, lips, neck and even the entire surface. Rupture of the capillaries under the stress of blood-pressure is denoted by more or less extensive ecchymoses sometimes involving large areas, epistaxis, hemoptysis, hematuria, menorrhagia and hemorrhagic purpura.

The fourth group, due to excessive initial vasoconstriction, thus obliterating or reducing more or less local blood-supply and depressing functional activity, includes as to the brain, somnolence, intellectual torpor, vertigo, loss of memory, hebetude, hypochondria and melancholia; as to the spinal system and muscles, adynamia, muscular flaccidity, incoördination, paralysis, a sensation of weight in the limbs; as to the alimentary canal, constipation; as to the skin, cyanosis, ulceration and

necrosis. Nutrition may thus be impaired sufficiently under the prolonged use of iodids to produce atrophy, especially of the mammae and testicles.

Cutaneous eruptions of various kinds, papular, vesicular, eczematous, erysipelatous, pustular, etc., may appear during the administration of iodin or its salts, especially of the potassium iodid.

The underlying cause of all these eruptions, therefore, is the same as in all phenomena witnessed in iodism, viz., abnormal vasoconstriction.

The multiplicity of cutaneous disorders is due to the presence in the capillaries of various kinds of wastes: alloxuric bases, hypocatabolized cellular debris, various acids, etc., each of which affects the cutaneous elements in its own way.

This long array of accurately observed pathogenic effects representing the action of iodin and its salts, accentuates their importance as therapeutic agents. The physiologic explanations, however valuable they may be, nevertheless are inadequate as guides to the selection of these preparations for therapeutic use under the homœopathic law of cure.

Hahnemann laid great stress upon the mental symptoms in the selection of the homœopathic remedy. The physiologic study of drugs reveals, however, but little in this field that is distinctive or characteristic. Nor, indeed, are the more peculiar mental symptoms likely to be developed save through the provings of the potentized drug. Such provings have enabled us to prescribe iodin with an accuracy otherwise unattainable.

Among its mental symptoms we find the following to be most characteristic: A feeling as of having forgotten something and does not know what. Excitable, impatient, restless, moving from place to place; gloomy; despondent. Great fear of people, shuns everyone, even the doctor. Mental anguish, excessive nervous irritability. Disposition to weep. Cross and sulky, hates to be touched.

Iodin has proved curative in mania and in other diseased states characterized by mental symptoms similar to the above.

The antral and frontal pains of iodin are characterized by the symptom, "as if a band were tied around the head"; or, by headache in the forehead; the brain feels bruised and seems extremely sensitive. As might be conjectured from the congestion that characterizes this remedy, we find throbbing in the head on every motion, aggravated in the warm room and by fatigue. The patient wants to support the head. The head symptoms frequently occur in conjunction with a sense of great weakness, especially

of the arms. Chronic headaches with dizziness on active exertion and a carelessly loquacious, languid, uneasy state of mind, and fitful humor, yield to its action.

The head symptoms frequently occur during the iodine coryza: a dry coryza that becomes fluent in the open air; or, a fluent hot coryza with general heat of the skin. If in addition the patient is cross and sulky and hates to be touched, iodine may be prescribed with confidence.

The iodine pharyngitis is distinguished by a constrictive sensation in the fauces, also a scraping and burning in the fauces, and is accompanied by copious secretion of saliva.

Laryngeal and tracheal inflammation and ulceration often occur and may be accompanied by a plastic exudation. Chronic thickening of the aryepiglottidean and interarytenoidal folds may supervene from proliferation of connective tissue elements.

Throat cases characterized by husky voice and dry irritative cough, or, by a moist harsh cough, similar to that of hepatic, hemming and hawking, dyspnea, tightness and constrictive sensation with soreness about the larynx and trachea, aggravated in the morning and during damp weather, point to iodine.

Croupous conditions with wheezing and sawing respiration, dry, barking cough and strangling sensation; the child, in its distress, clutches at its throat.

Tracheal and bronchial croup with tendency to torpor: the cough having lost the peculiar metallic timbre is muffled and indistinct. The more plastic the exudate the more surely iodine is indicated.

In bronchial and pulmonary affections the following symptoms are important: constant tickling irritation to cough in the trachea and behind the sternum; or, an itching sensation low down in the lungs, extending upward through the trachea and into the nasal cavity. "Itching at the tip of the nose is the signal for the cough to begin." The cough may be dry, with stitches and burning in the chest; or, loose with expectoration of quantities of mucus which frequently is blood-streaked. The mucus is white or grayish in color and either salty or sourish in taste, and often is difficult to expectorate. Deep inspiration excites the cough.

The iodine cough is aggravated in-doors, in warm wet weather and when lying on the back. It is ameliorated during the day and in the cool open air.

Accompanying these chest conditions we may have a sense of suffocation; or, shortness of breath on the least exertion.

Great weakness and loss of breath on going up stairs is an important characteristic.

Iodin is especially indicated in young persons who are subject to attacks of blood spitting; also, in cases characterized by swollen cervical and bronchial glands.

Progressive emaciation with good appetite is an important indication in strumous and tubercular subjects.

Remember that the iodine cough is more painful and dry than that of bromine.

In asthmatic conditions iodine and its salts, especially the potassium iodide, hold important therapeutic rank: the great oppression of breathing, great constriction of throat and chest, wheezing respiration, sense of danger of suffocation, pale face, cold sweat on the face and extremities, together with the iodine mental state, point unmistakably to this remedy.

Palpitation of the heart, worse from the least exertion, with faintness; great precordial anxiety, obliging constant change of position; sensation as if the heart were squeezed together; severe oppressive pain or stitches in the region of the heart comprise the main cardiac indications. Iodine has proved curative in cardiac and pulmonary affections complicating rheumatism. It may be of interest to note that Dr. J. M. Schley, of New York (*N. A. J. of H., October, 1887*), recommended the sodium iodide in the treatment of angina pectoris for the relief of its most agonizing pain.

The gastric symptoms of iodine often prove valuable indications: thus we have hiccough, empty eructations from morning till evening, heartburn, nausea, with spasmodic pain in the stomach; vomiting, renewed by eating; all accompanied by great weakness and loss of energy. In addition we have the symptom, "suffers from hunger, must eat every few hours, gets worried and anxious if he does not eat;" "feels better after eating." In fact many symptoms of iodine are relieved after eating.

Of the intestinal symptoms the following are the most important: chronic exhausting diarrhea, stools dark, watery and fetid, with the characteristic restlessness, a constant desire to move from place to place.

Morning diarrhea, stools watery, foaming, whitish, with pinching pains around the navel and a pressing pain on the top of the head.

Pressure and stitches in the hepatic region, which is painful to the touch; loss of appetite, emaciation, excessive weakness and diarrhea.

Jaundice with pain and tenderness in the hepatic region; yellow, almost brownish color of the face; depressed irritable mood; thirst, nausea, constipation alternating with white diarrhetic stools; dark, greenish-yellow corroding urine.

An important though neglected field of therapeutic usefulness is found in rheumatic conditions. The capillary congestion and the inflammatory tendencies are marked and are accompanied by the characteristic "constrictive sensation" in the diseased parts. It has proved valuable in acute articular rheumatism with pericarditis, and curative in chronic arthritic affections with violent nightly pains in the joints; also, in cases characterized by lancinating pains in the arms; or, by paralytic weakness of the arms in the morning on awaking; or, by tensive pains in the joints of the fingers, when bending them; or, cramplike sensation in the thighs and legs, only when sitting.

The nightly bone pains characteristic of iodine usually involve the joints, whereas the mercurial bone pains affect more especially the shafts of the long bones.

In synovitis characterized by much swelling and erratic pains, iodine is frequently indicated. It is applicable to cases of bright red inflammatory swelling of the knee, with pricking and burning pains; as well as in cases of pale swelling with dropsical effusion of the knee; in the latter condition it has followed apyrexia well.

In stiff and enlarged joints following acute rheumatic attacks the lower potencies have been used with marked benefit.

Hypertrophy and induration of the lymphatic glands is a leading indication; the pain is rarely severe; the mental symptoms being the key-note to its selection.

Goitre, either soft or hard; "the sense of constriction," directs the choice.

Marasmus with intolerable irritability; the child resents the approach of everyone, the abdominal lymphatics are distinctly involved.

The skin is inclined to be rough, dry, and of a dirty yellow color; when, however, prostration is marked, the skin may become cold and clammy.

Profuse night sweats may occur in strumous and tubercular subjects, the emaciation and debility are extreme.

A characteristic feature of iodine cases is found in a peculiar sluggishness of vital reaction and consequent tendency to chronicity in many of the diseased states wherein it is indicated.

Thus briefly we have presented the most important charac-

teristics of iodine, both from the physiological and from the symptomatic standpoint: two viewpoints that give us complementary pictures of its action on the human economy and furnish confirmatory evidence of the importance of this agent in the treatment of many forms of chronic as well as acute disease.

HOMŒOPATHIC THERAPY FOR MENTAL ILLNESS*

The Duty of the Homœopath and the Proper Handling of the Insane

By J. Richey Horner, A. M., M. D., Cleveland, Ohio

I affirm that the superiority of the homœopathic over all other imaginable methods is nowhere shown in so triumphant a light as in the relief of long-standing mental and emotional diseases which have originated from bodily diseases or developed simultaneously with them.

This quotation from section 198 of the Wheeler translation of the Organon, published in Everyman's Library, shows clearly the conception of Hahnemann of the role to be played by mental symptoms in the selection of the curative remedy. They are most important and should really be the first to be taken into consideration.

While Hahnemann himself has noted that mental diseases seem most difficult of comprehension and cure, he also says that they should not be so—that they should be regarded in the same light as diseases of any other part of the body, any tissue or organ. It is, however, too often the fact that when a physician finds himself face to face with a case of insanity he simply throws up his hands and does not pretend to be able to handle it. Why should he not make just as careful a study of this train of symptoms as he does of that which has given us the name, typhoid fever, or pneumonia?

There is certainly a wealth of mental symptoms in the materia medica. As a matter of fact no remedy picture can be complete without the mental symptoms even if they occupy but a small part of it—and why should a study not be made of the mental symptoms when the whole picture is made up of them?

Hahnemann says:

*Bureau of Clinical Medicine, A. I. H., 1915.

This point is of such importance that it is not too much to say that the mental symptoms of a patient often form the determining factor in the choice of the medical counter-force. They are the characteristics which the observant physician can least of all afford to overlook.

We shall, therefore, never learn to cure rationally or homœopathically, unless we consider in every case of disease these alterations in mind and disposition, and choose as a counter-force the remedy which is capable of causing similar alterations.

Thus aconite will never bring about a speedy or lasting cure in a patient of quiet, equable disposition; *nux vomica* is as little serviceable to gentle phlegmatic patients, *pulsatilla* as little to the gay and happy, *ignatia* as little to those who are imperturbable and disinclined either to fear or to vexation.

Hence it is that the first duty of the homœopathic physician is to make more perfect his knowledge of the characteristics of the remedies classed under "Head" or "Mind." It will be a most profitable study whose benefit will prove itself in almost every case which comes under his care. Such a knowledge will teach him that he should not regard his cases of disturbed mental conditions as being in a class by themselves. They should be studied and handled in the same way he handles his cases of typhoid fever, pneumonia, etc.

All through his writings on the subject of mental and emotional symptoms Hahnemann lays emphasis on consideration of physical causes from which they may arise. He also speaks of an aggravation of psychical symptoms occurring in the course of physical disease to such a degree that the latter is completely overshadowed and may not be discovered by the physician unless he makes a close and persistent study of the entire history of the case as well as of the present condition.

In a note to section 210 of the third American Edition of the *Organon*, Hahnemann writes:

"How often do we meet with patients who, though they have been a prey for many years to painful diseases, nevertheless preserve a gentle and peaceful disposition, so much so as to inspire us with compassion and respect! But when the disease is overcome, which is often the case, by the homœopathic mode of treatment, we sometimes see the most frightful changes of disposition ensue, and ingratitude, obduracy, refined malice, revolting caprices, which were the attributes of the patient before he became diseased, again make their appearance. Sometimes a man who is patient while in the enjoyment of health, becomes passionate, violent, capricious, and unbearable, or impatient and despairing, when he is ill; or the formerly chaste and modest are now

become lascivious and shameless. It is frequently the case that a sensible man becomes stupid in sickness, whereas, on the contrary, a weak mind is rendered stronger, and a man of slow temperament becomes full of presence of mind and resolution."

Some of these are undoubtedly a part of the experience of all of us.

It is perhaps conceded by all that owing to the peculiar and particular requirements of these cases they can be best treated in a hospital where proper provision can be made for the safety of the individual. True, the writer has cared for some of them at home. When one can obtain a suite of rooms which can be cut off from the rest of the house, and still have necessary conveniences, and if one can have at least two competent nurses, it is possible to avoid sending a patient to a hospital. Usually, however, such accommodations are not available, and it then becomes a dangerous proposition, dangerous, perhaps, to the patient as well as to those about him to keep him at home. So very often is this the case, that it may be taken as a definite proposition that hospital care is best.

In this age hospital care for the insane means exactly what it says. Not always has this been so. It is interesting to know that one of the very first to advocate "The Hospital Idea" was Hahnemann himself. Before the *Organon* was written, in a hospital for the insane, which was under his care, he began working out plans which meant a more humane treatment of the insane and a change from the barbarous, revolting and ineffective treatment in vogue at that time.

It is a long stride from Hahnemann in Germany to Talcott in Middletown, but that stride taken, we find ourselves in a hospital where almost the first steps were taken which converted an asylum into a hospital, a place simply of restraint and imprisonment to one of treatment, and in many cases, cure. And the man most responsible for this inception of humane principles was the then superintendent, Talcott.

His article, "The Hospital Idea," was published forty years or more ago, and, as a matter of fact, did more to revolutionize care of the insane than any other one thing.

During the years which have intervened since Talcott issued his monograph there have been established in the various states of this country, hospitals for the insane where the treatment is under the direction of homœopathic physicians.

Besides Middletown, we have hospitals at Gowanda, N. Y., Westboro, Mass., Fergus Falls, Minn., Patton, Cal., Allentown, Pa., which have demonstrated beyond a possibility of doubt the efficacy of homœopathic medication in disturbed mental states. In not one of these institutions has there ever been a doubt as to its effectiveness. From my own personal observation extending over a residence of more than eight months in the Middletown Hospital, I can say that every patient to whom medicine could be given was taking a remedy prescribed under the law of similia. Whether due to this fact, or to the use of hot milk in liberal quantities, it was found unnecessary to resort to the use of narcotics, except in extreme cases.

With these facts a matter of record, it becomes the duty of the homœopath to spread that record abroad and to utilize it in efforts to obtain appropriations for the establishment of institutions in other states where the homœopathic remedy may be used.

PLACE OF THE DUCTLESS GLANDS IN SURGERY*

By DeWitt G. Wilcox, M. D., F. A. C. S., Boston

It is said in Holy Writ, "If thine eye offend thee, pluck it out; for it is better to enter heaven with one eye than having two, to be cast into everlasting fire."

Modern surgery takes the position: If an organ in the body is hopelessly and permanently disabled, pluck it out, for it is better to pass through life with one less organ than having all, to suffer everlasting torment. But surgery goes even further, for by virtue of plucking out a diseased organ it aims to stop a disease, a process which if unchecked might cause all of the organs to become likewise diseased. In determining the delicate question whether or not an offending structure or organ should be removed, the surgeon is called upon to render a verdict fraught with heavy responsibilities. The question is not so much whether the patient will survive the operation, but rather, what will be the further state of health and physical usefulness of the subject if a certain organ is removed? The low mortality now attending skillfully performed operations well nigh eliminates the question of immediate survival.

*Surgical and Gynecological Society, A. I. H., June 28, 1915.

While the physiologist has given us much valuable information concerning the function of certain hitherto obscure organs, yet the surgeon has kept close pace with the physiologist in shedding helpful light upon the function of organs heretofore little known.

The real office of the thyroid gland was not thoroughly known until Kocher began his surgical work upon that gland. The same is true of the pituitary gland, and Cushing's work pertaining thereto. Tait antedated the physiologist in many of the truths he discovered relative to the ovaries.

Just now both the physiologist and the surgeon are working hand in hand to bring out the real facts concerning the ductless glands. That the subject opens up some of the most fruitful fields for research cannot be denied. By the ductless glands we mean the pituitary, the thyroid, the parathyroids, thymus, the tonsils, adrenals, spleen, pineal, ovaries and to a certain extent the testicles. The secretions of these glands have a very far reaching effect upon the development, and maintenance of equilibrium of both the body and mind. In considering the ductless glands it is well to get in mind the fact that they are subject to two extremes of functional perversion: one an oversecretion,—hyperfunction; the other an undersecretion,—hypofunction. While a condition of disfunction has been assumed there is no scientific proof that any of these glands do under any circumstances secrete an abnormal or perverted substance.

It is interesting to note that these perversions of secretion produce the extremes of disturbance upon the body and mind. For instance, a hyposecretion of the pituitary (hypophysis) gland in infancy may lead to true dwarfism, while hypersecretion of the same leads to giantism. Hypersecretion of the thyroid produces tachycardia, hypersensitiveness, high blood pressure, and extreme nervous irritability; while a hyposecretion produces mental dullness, lethargy, and sluggishness of the circulatory system.

It is only of late that the important fact has been brought out that these ductless glands become members of a union from the very beginning of their activity. This union seems to dominate their action in almost an arbitrary manner. If one deviates even so slightly from the path of rectitude the others seem to feel it their union bound duty to do the same. Thus the results upon the body from the perversion of one

gland are greatly actuated because of a number of other glands, whose function is similar, joining the one in such a perversion. This is especially noticeable in the action of the pituitary gland and the testicles, of which I shall speak later.

Again we must keep well in mind that abnormal functioning of these glands manifests itself in proportion to the age of the subject. The removal of the ovaries or testicles in childhood will affect much more profoundly the subsequent development of the subject than if removed during adolescence. Again, removal of the same during adolescence will cause more disturbance than if removed in adult life.

The study of eunuchism brings out many interesting facts to sustain this assertion.

It therefore becomes apparent that many of these ductless glands have their greatest period of activity during the developmental period; and any perversion of function at such time is prone to result either in an overgrowth or an arrested development of mind or body. There is here presented a great field for study, for it is quite possible that many of the mentally deficient children, the "backward," the "perverse" ones, or those whose mental development seems suddenly arrested, are suffering not so much from any brain lesion as from a hyposecretion of some or many of the ductless glands.

The intensive study of certain of our investigators has given us a new line of thought relative to the action of the ovaries and testicles during the developmental period of life. We have believed these many years that the testicles did not begin their function until about puberty, when they manifested their activity by nocturnal emissions, and the more marked evidence of sexual passion; but physiologists tell us that long before puberty there is an internal secretion emanating from the testicles which goes far toward the making of those qualities which characterize the man, such as bravery, chivalry, ambition, courage, patriotism, the desire of a home, wife and children. It is further suggested, and the suggestion is based upon seemingly accurate investigations, that a man is possessed of those qualities of manhood and virility in proportion to the normal activity of the testicles and the pituitary gland during the developmental period of life.

We need not go far a-field to note the effect upon character when the testicles have been removed in childhood. It is an historic fact that the eunuchs which the early Egyptians

held as slaves were lacking in nearly all the elements which stood for manhood. There is no record of their ever rising in rebellion against their task masters, although their number must have been legion. They seemed utterly lacking in courage, ambition and independence, and this notwithstanding the fact that these eunuchs were in many instances sons of brave warriors captured when the Egyptians were victorious in battle. Thus while they possessed all the hereditary and environmental qualities of warriors, yet as they grew to maturity they seemed to degenerate into mere things devoid of personality, sexuality, and real manhood. While there were a few exceptions here and there, yet the exceptions were so few that they but accentuated the rule.

We need but turn our attention to the lower animals to get evidence of the same nature. The notable difference in the characters of the bull and the ox is evidence that some material change took place during the growth of the two animals to render one a courageous, fiery, indomitable, unmanageable master, while the other is a docile, timid, servile slave. What is more noticeable in animals of the same breed and gender than the difference between the stallion and gelding? They may have been full brothers in colthood, but one was early deprived of this mysterious internal secretion and the other was not. The ultimate difference is the difference between a master and a slave.

It is evident, however, that the testicles alone do not have entire control over the sexuality of man, for there is a correlation between those glands and the pituitary gland. Fishera and Jutaka-Kon noted that in capons and oxen the pituitary gland was double the size of that in cocks and bulls. From this might be argued that the action of these glands was so similar that when the body was deprived of the one set, the testicles, the other gland, the pituitary, came to the rescue and endeavored to perform the function. Hence, the enlargement. Cushing's experiment upon dogs shows conclusively that removal of the pituitary gland has much the same effect sexually upon the animals as the removal of the testicles. In every instance Cushing noted that when the pituitary gland was removed in puppyhood the developing dog became logy, obese, mentally dull, with atrophy of both testicles. While we observe all these apparent facts with great interest, yet if we carry our investigations and experiments a step further,

we observe that no such sexual effects follow when the testicles are removed at a later period of life, that is, after the internal secretion from these glands has done its work. While there is a lessening of a sexuality, there is no appreciable lessening of the qualities of manhood.

This question is a subject of much discussion, when it pertains to the removal of the ovaries in gynecological surgery. To remove both ovaries in a young woman, especially one under twenty years of age, is to subject that woman to a material loss of developmental power, and to deprive her of her sexuality and womanhood; but to remove the ovaries in a woman forty-five years of age or older, is to render scarcely any appreciable change in her mental, moral, or physical well being. There is no well established evidence that the ovaries continue to manufacture an internal secretion after the cessation of the menopause.

In surgery of the thyroid gland we are taught the ever present danger of myxedema resulting from removal of the entire gland. Here again we must make careful distinction between the middle aged patient and the young patient. In women especially the thyroid gland is absolutely essential to the normal development of the sexual organs and the maintenance of the right relation of red and white blood corpuscles, during the period of active development, and to remove the entire gland, even though the parathyroids are left, is to run the risk of an arrested mental and physical development. But that risk becomes appreciably less after each succeeding decade, until at forty or fifty years of age the entire gland can be removed with but the slightest chance of myxedema or other disaster.

Perhaps there are no organs in the body whose function is fraught with more interest at this immediate time than those of the adrenal glands. These peculiar structures, situated adjacent to the kidneys and whose function has for so long a time been one of mystery, have at last yielded their secret, at least in part, and given us some insight into the part they play in the working of the intricate human machine. Not until careful research demonstrated beyond doubt that the function of nearly every organ in the body was influenced to a greater or less degree by mental emotions, could we fully appreciate the action of the ductless glands and the effects of their internal secretion upon the body in general.

It would appear that the people of India recognized this fact many years ago and made practical use of it as a detective agency in apprehending criminals. When several persons were suspected of crime, the "consecrated rice" was given to them all to chew and after a short time each suspected subject was made to spit it out upon the leaf of the sacred fig tree. If any one of the suspects ejected the rice dry, that was taken as sufficient proof that fear of being discovered had stopped the salivary secretion and consequently he was adjudged guilty. The dry mouth which troubles so many embryo and even some full grown public speakers is not an evidence of guilt, but rather of fright.

We have long known the harmful effects upon the body of fear, rage, excitement, and sudden fright. The effects of worry are too well known to require any comment. It has also been long known that great emotional disturbances to a nursing mother will produce such changes in the character of the milk as to effect the babe disastrously. While sudden fright may paralyze all voluntary motion for a few seconds, it will also at times stimulate the musculature to such tremendous activity that one fleeing from danger will be possessed of a power of flight that could not possibly be attained under ordinary conditions.

Cannon, in his interesting book, entitled, "Bodily Changes in Pain, Hunger, Fear and Rage," makes mention of an athlete, who in his early training leaped a fence while being chased by an enraged animal, which feat he could not again repeat even when he had attained his maximum agility as a high jumper. While these things have long been known, they had little support from any physiological basis of ascertained fact. Now, however, the investigations made by Crile, Sajous, Cushing, Rogowitsch, and Cannon relative to internal secretion and especially of the secretion of the adrenal glands, enable us to understand quite clearly just what changes took place in the blood and musculature to account for these phenomena.

The fact that the adrenal glands pour a secretion into the blood stream under certain emotional conditions, and that this secretion has a powerful stimulating effect upon the musculatures of the body will easily explain the seemingly impossible performance of the body under such emotions. Not only will adrenin when freely liberated in the blood bring out

an extra supply of sugar, but it will also quickly restore fatigued muscles which otherwise would refuse to respond.

Cannon says, "Throughout the discussion of the probable significance of the bodily changes in pain and great emotion, the value of these changes in the struggles of conflict or escape was emphasized. In human beings as well as in lower animals the wildest passions are aroused when the necessities of combat become urgent. One needs only to glance at the history of warfare to observe that when the primitive emotions of anger and hatred are permitted full sway, men who have been considerate and thoughtful of their fellows and their fellows' rights, suddenly turn into infuriated savages, slaughtering innocent women and children, mutilating the wounded, burning, ravaging, and looting, with all the wild fervor of demons. It is in such excesses of emotional turbulence that the most astonishing instances of prolonged exertion and incredible endurance are to be found.

"Probably the fiercest struggles between men that are recorded are those which occurred when the wager of battle was a means of determining innocence or guilt. In the corners of the plot selected for the combat a bier was prepared for each participant, as a symbol that the struggle was for life or death. Each was attended by his relatives and followers, and by his father confessor. After each had prayed to God for help in the coming combat, the weapons were selected, the sacrament was administered, and the battle was begun. The principals fought to the end with continuous and brutal ferocity, resembling the desperate encounters of wild beasts. A fairly illustrative example is furnished in an incident which followed the assassination of Charles the Good of Flanders in 1127. One of the accomplices, a knight named Guy, was challenged for complicity by another named Herman. Both were renowned warriors. Herman was speedily unhorsed by Guy, who, with his lance, frustrated all Herman's attempts to remount. Then Herman disabled Guy's horse, and the combat was renewed on foot with swords. Equally skillful in fence, they continued the struggle till fatigue compelled them to drop sword and shield, whereupon they wrestled for the mastery. Guy threw his antagonist, fell on him, and beat him on the face with his gauntlets till he seemed to be motionless; but Herman had quietly slipped his hand below the other's coat of mail and, grasping the testicles, with a mighty

effort wrenched them away. Immediately Guy fell over and expired. In such terrific fights as these, conducted in the extremes of rage and hate, the mechanisms for re-enforcing the parts of the body which are of primary importance in the struggle are brought fully into action and are of utmost value in securing victory."

The surgical reports from the European war have emphasized the fact that a surprisingly large number of the seriously wounded soldiers recover, not only completely, but with unusual promptness. One report stated that the recoveries under the most adverse conditions were fully equal to if not better than those obtained in civil life in well appointed hospitals. The report concluded with the statement that not over three out of ten gun-shot injuries of the lungs proved fatal. It is in connection with such reports from the battlefield that the study of adrenin in the blood increases in interest.

It is but logical to conclude that as the extract of the adrenal gland has such a marked hemostatic effect upon the blood when used externally, it must have a similar hemostatic power when poured into the circulation in excessive quantities during the excitement of battle. Hence, the lessened hemorrhage from serious wounds. It is possible that we may be able to go a step further in our investigation and find that adrenin when so secreted has also a bactericidal effect, which would further explain the absence of suppurating wounds received in the excitement of battle.

It is by possession of a knowledge of such facts that we as physicians are better enabled to understand diseased processes, the cause of bodily suffering and the prevention of premature death. We must not be too prone to ascribe all diseased conditions to the action of bacteria as the emotions of the body are no small factors to be considered. Take such emotions as anger, jealousy, hatred, discontent, and covetousness; do they not form a galaxy of giants which are responsible for much of human misery and early death? for by giving way to such emotions there is a steady increase of internal secretion from certain of the ductless glands which in time must of necessity disturb the delicate equilibrium of health and throw the balance on the side of disease.

As surgeons we must inform ourselves to the utmost minuteness regarding the functioning of these glands ere we take the responsibility of disturbing their action.

OBSTETRICS—PRESIDENT'S ADDRESS*

R. Milton Richards, M. D., Detroit, Mich.

To the Members of the Obstetrical Society of the American Institute of Homœopathy:

As your President, I am not bringing to you a resumé of the advances made by the obstetrical art during the past year, nor promulgating any new theories, nor even improvements on the old.

We have presented for this meeting a program full of meat and sufficiently expansive to stimulate discussion enough to occupy all of the time at our disposal. During the past year, however, I have been considering the welfare and future usefulness of this Society and have discussed with several of our members methods and means of elevating the specialty of Obstetrics, and of stimulating more original effort among our members.

The question has been asked several times, "Have our past accomplishments justified our existence?"

We have an organization to which any Institute member is eligible by merely paying the prescribed fee, whether he be specially interested in our specialty or not. No paper or thesis is required of him to test his knowledge of the art, and indeed the officers have to go to extreme measures to get sufficient material to supply a program for the annual meeting.

Our sessions are sometimes so sparsely attended as to form no inspiration to the essayist as he stands before us to read his paper on which he has doubtless spent hours in preparation. When the paper has been presented, often discussions are conspicuous by their entire absence or else so irrelevant as to add nothing to our storehouse of knowledge.

I do not want to be pessimistic or cast a cloud of discouragement over our efforts, but I do wish to make a plea that we examine ourselves as a society and consider if we are getting the best out of our organization.

I have, in common with others of our members, felt that obstetrics and gynecology are so closely related that they should not be divorced in our meetings, and were it possible, it might be considered advisable to ask a coalition with the already active and energetic Surgical and Gynecological Society on a basis mutually advantageous. Our Society has been recognized by the

*Chicago Session, 1915.

American College of Surgeons and is represented on its Board of Governors, but for us to maintain this recognition, we must place our standard of admission to membership on a higher plane. To do this, I fear there are too few making an exclusive specialty of obstetrics from whom we must recruit our ranks and in a short time our enrollment will necessarily be diminished to a point where our showing would be poor indeed and extinction will mark our passing.

If an amalgamation could be made with the Surgical and Gynecological Society whereby an Obstetrical Section could be maintained, the requirements for membership raised to a higher level, including, if you please, a required paper from each member at stated intervals; our membership would be worth something to us and our accomplishments would be manifestly greater than under the present method.

In these few words I have sought to give you something to consider during this session, and I trust your consideration may result in the injection of new life into Obstetrics as practiced and taught by the members of our School.

I would suggest the appointment of a committee of three members of our Society and request the appointment of a like committee from the Surgical and Gynecological Society to act in conjunction to consider the advisability of a union with advance requirements for admission; said committee to report its conclusion to a joint business session of the two societies during the Institute session of 1916.

Homœopathic and Eclectic Practice. The great and insurmountable barrier, in our opinion, and that which will effectually block anything like a coalition of schools, is the Homœopathic law of cure—the real basis of the school—which is not recognized by the Eclectic school as a body, though a few see in it the basis of all therapeutic philosophy.—*Editorial. Ecce. Med. Jour., Aug., 1915.*

Possibly the best thing would be a political alliance, which need not concern practice, an alliance against the big A. M. A., which kindly seeks to mother all medicine. But its mothering reminds one of a fable: A kind hearted elephant once, while strolling about, stepped on a mother partridge. The elephant shed tears of sorrow when it saw the nest of motherless birds deprived of their protector. "Never mind, I will be a mother to you," it said, as it sat down on the nest—*Editorial. Hom. Recorder, Aug., 1915.*

DIET AND DYSTOCIA*

By Fred V. Wooldridge, M. D., Pittsburgh, Pa.

Dystocia means difficult parturition. Dystocia may be due to a decidedly deformed pelvis. It also may be due to an abnormal child. However, it is usually due to a lack of proper relaxation of the soft parts of the mother, accompanied by inefficient labor pains, and many times the delivery of the baby is made difficult by a general ptosis of the abdominal organs in the mother, giving the application of the expulsive force a wrong direction. How many times we see dystocia in a patient who has normal pelvic measurements, seemingly plenty of room internally, the presenting head in a favorable position, and yet a long, tedious labor, with a postpartum history of uterine displacement.

After a careful study of several hundred obstetrical cases that had been carefully watched from the third month through parturition, it was decided that autotoxemia, usually with a dilated and relaxed colon, was almost always present in cases where labor was prolonged and unforeseen postpartum troubles arose. This has led to a careful study of the location of the large intestine during pregnancy, and in order to get at the heart of the subject and bring it immediately before your attention the following cases are reported, the contention being, in these cases, that if the patient follows a given eliminative and dietetic treatment, the parturition will be made easy and convalescence normal. Many times this is true even though more or less contraction of the pelvis is present.

Case A. Primipara, age 20 years. Pelvic measurements normal. Labor started at 1, a. m. Duration of active labor, 12 hours. Weight of baby, 6 lbs. 3 oz. Notwithstanding the small baby, labor was very hard and prolonged. Low forceps were used. Second degree laceration occurred. Puerperium was prolonged and the perineum did not heal. The patient was kept in bed fifteen days. At the end of one month the patient had a slight cystocele; uterus retroverted and very low in the pelvis; little control of bladder. The patient, after the first month, developed an irritating pain in the right hypochondrium. Three different times the case was diagnosed gall stones, and once a gastric ulcer. When the patient was two months past her delivery she was given an opaque enema and one pint of bismuth subcarbonate by mouth, and a series of x-ray plates were taken, with the patient standing. A general ptosis of the whole large intestine was present, the middle of the transverse colon being three inches below the umbilicus. This patient was placed on a starch-free, sugar-free diet, was given

saline enemata daily, patient being placed in Sims' posture and then the Trendelenburg position used. Two weeks later the pain had cleared up, and three weeks after the treatment had been started, further x-ray pictures showed the large intestine to be in normal position, the uterus in place, and the bladder trouble cleared up. Four months later, she was well.

Case B. Primipara, age 34 years. Pelvic measurements normal. I saw the patient for the first time on June 6, 1913. At this time she was six months pregnant: in very poor health. The urine was loaded with indoxyl one week and showed none the next; total solids light and urea low. There was edema of both legs at this time; the bowels regular. In spite of orders, the patient neglected her bowels, and paid scant attention to her restricted diet. When she was delivered on Oct. 15, 1913, the patient was bordering on eclampsia, having blind spells, blood pressure 150, urea very low—3 to 5 grammes in twenty-four hours. The delivery was instrumental, and the postpartum history poor. Patient never seemed to gain any strength and could not nurse her baby. This patient became pregnant again and reported to me in March, 1914. She was in wretched condition: edema of both legs up to the body. The urinary picture showed no albumin, but traces of diacetic acid and indoxyl, and urea very low. There was constant nausea; blood pressure 130 to 140. X-ray pictures showed the cecum very greatly enlarged, and the transverse colon in the pelvis and distended. A starch-free, sugar-free diet was insisted upon and the usual enemata given. In two weeks a second series of x-ray plates showed the large bowel in position. The patient is so much better that she is now doing her own housework, and it is safe to predict an easy labor and normal convalescence, provided she sticks to the diet and has her usual enema once or twice a week.

So much for cases where the pelvis is normal and with toxemia present.

Case C. Primipara, age 24 years. Became pregnant during April, 1914. Was delivered January, 1915. Pelvic measurements: external conjugate, 17; anterior superior spines, $22\frac{1}{4}$; intercrystal, 26; conjugate vera, $9\frac{1}{2}$. (It is interesting to note that this patient's mother has these same pelvic measurements; had only the one child and almost died during labor and has never fully regained her health.) This patient was examined by a famous London gynecologist, who suggested Cesarean section. From the fourth month the patient was placed on a very limited diet as regards sugar and starch. Twice a week, after the sixth month, she was given the usual enema. At the beginning of the seventh month all starch and sugar was eliminated from her diet. At eight and a half months the presenting head lay in the O. L. A. position and was low in the pelvis. On Jan. 18, 1915, labor started at 12, a. m., and the child was delivered normally at 2:40, a. m. Puerperium uneventful.

Case D. Primipara, age 22 years. Delivered Nov. 21, 1914. Pelvic measurements: external conjugate, $20\frac{1}{2}$; anterior superior spines, $22\frac{1}{2}$; intercrystal, $26\frac{1}{4}$; a flat pelvis which narrowed toward the outlet. This patient was placed on a starch-free, sugar-free diet after the

seventh month, and the usual enemata were given. She had a normal delivery and convalescence.

Case E. Primipara, age 24 years. Toxemia of pregnancy from conception to delivery. Pelvic measurements: external conjugate, $15\frac{1}{2}$; anterior superior spines, $23\frac{1}{2}$; intercrystal, 27; conjugate vera, 9. This patient was one of the most irritable, contrary women I have ever delivered. She simply would not bother with diet or enema. Labor started July 7, 1914, and it was soon evident that she could not deliver herself. The presenting head in O. L. A. position remained above the inlet; and, after giving labor sixteen hours' trial, an abdominal operation was done and a living female child delivered. The convalescence was slow and a retroverted prolapsed uterus resulted. X-ray pictures showed a decided abdominal ptosis: stomach, bowels, uterus and kidneys all prolapsed. After two months of postpartum misery, the patient was relieved of the condition by a starch-free, sugar-free diet, and enemata, and two weeks ago she wrote me that she was entirely well. I examined her in March, nine months after her baby was born, and all her organs were in position and her bowels regular. This patient, at the time of her delivery, had an immensely dilated cecum, and the urine was loaded with acetone and indoxyl.

The above cases taken from a series of one hundred cases which have been under this diet and treatment, and a number of x-ray plates, always taken with the patient standing, confirmed our contention that in a large number of pregnant women the large bowel is relaxed and dilated. In all cases of toxemia of pregnancy we believe this to be true. Practically all pregnant women suffer more or less severe autotoxemia, and the enlarged uterus pressing against, and more or less obstructing, the bowels, partly accounts for this. The diet which prevents autotoxemia and encourages a free and natural elimination in pregnant women is as follows: The ordinary starches, bread, especially white bread, potatoes, rice, macaroni, cereals, especially the dry prepared cereals, are all cut down or entirely eliminated from the diet. All cane sugar is eliminated. The patient gets enough carbohydrate from fresh fruits, also from figs, raisins, and dates. When meat is eaten a green vegetable is eaten at the same meal, the green vegetable acting to prevent a stasis of any undigested meat. Spinach, beets, etc., promote peristalsis. The bowels are carefully watched, and from the seventh month, at least once a week, the bowels are thoroughly washed out, using a saline solution, the patient placed in Sims' posture on the bed or table, then the bed or table elevated until the buttocks are decidedly higher than the head. The tip of the rectal tube is passed into the anus about one and a half inches, and the warm

solution is allowed to flow slowly into the bowel. About twenty minutes at least should be given for every quart of solution.

If the patient becomes distressed from cramps, the funnel of the tube is lowered. In fact, the funnel of the rectal tube should be held at the level of the anus. If given slowly and carefully, it is gratifying to observe how much water can be held, and how long the solution can be retained without distressing the patient. It is not difficult, after a trial or two, to get the solution to the cecum, and numerous x-ray pictures have demonstrated this fact.

We believe that the toxemia of pregnancy comes, primarily, from the large bowel, and is due to an absorption of autotoxic products.

Toxemia, early or late in pregnancy, is unnecessary. It can usually be diagnosed long before the typical symptoms set in. The treatment, as it should be, is prophylactic. Cathartics have a limited place, but we believe are more or less useless. The starch-free, sugar-free diet prevents putrefactive fermentation in the bowels. The enemata take care of an already overloaded and dilated bowel, and prevent absorption of the autotoxic products which will eventually lead to grave auto-toxemia of pregnancy.

This treatment has no harmful action on the baby in uterus or on the new born.

Discussion

Dr. Marie Louise Hunt, Chicago: I have found that by adding at the end of each meal three or four English walnuts, if the patient can take them, that constipation is greatly relieved. Another point, I start as early as the second month to have the patient take two or three deep breaths a day. Later I have her practice deep breathing a half dozen times a day, and then when labor sets in I have the patient take deep breaths, hold them as long as she can and then expel them. I find that this relieves the pain very much.

I start, also, with the knee-chest position at the beginning of the second month, having the patient take this position for three or five minutes three times a day. This seems to afford a great deal of relief to the back. Where there is ptosis, I have found, as the Doctor has found, that abdominal breathing seems to raise the organs, lift the womb into position, and helps very much.

I can add nothing more. I have had only four cases that have gone over five hours. The last labor was only an hour and a quarter, and the patient had only three pains.

Dr. Cogswell: I would like to ask the Doctor as to milk diet in his toxemia cases.

Dr. Wooldridge (closing the discussion): Milk diet in cases of well-established autotoxemia, or in imminent eclampsia, is well indicated, but the idea is to get the patient where she does not need to go on a milk diet. If you can get your patient to cut down the carbohydrates, it will be impossible to get putrefactive fermentation in the bowel. Experiments which have been carried out during the past year have proven conclusively that if you do not have an excess of cane sugar, your patient will have a minimum amount of putrefactive fermentation. When I get a case of toxemia with high blood pressure and blind spells, and eclampsia is imminent, I take the patient off of all food,—everything, even milk. Enemata are given and as much water as she wants to drink until the blood pressure comes down, the tongue clears up, and she comes out all right. One such patient went on a prolonged fast for twenty-one days. This was a case of extreme eclampsia. She got saline enemata, but that was all. Another patient went eight days without food. If your toxemia cases do not respond to a starch-free diet and enemata, put the case on nothing but a milk diet, and straight skimmed milk at that.

MEDICAL ASPECTS OF MODERN WAR*

By James Searson, M. D., London England

It is for obvious reasons not possible, and in any case it is premature at this stage to do more than seek to sketch in the barest outline and set down in the most fragmentary manner a few of the outstanding medical and surgical features associated with the present war.

Probably the first fact to strike the observer is the precise and systematized organization which reigns in the Army Medical Department. When it is realized, for example, that thirty-six hours after the actual injury—I speak from the British point of view—the wounded combatant finds himself in many cases in bed, “that miracle of luxury and white linen,” in hospital on English shores, it will be understood how far-reaching its influence on the results of treatment this factor alone must prove. Conservative surgery gets its chance, and limbs and lives are saved which formerly would have been regarded as beyond the pale.

The entire Army medical organization in the field is indeed doing such remarkably good work and doing it with such success, promptness, and minute attention to detail, as to justify us in pausing briefly to review the system, for instance, of the transport of the wounded.

At the head of the Field organization is the Director of

*Referred, by request of Dr. George B. Peck, Chairman of Committee on International Homœopathy, to Surg. and Gyn. Society, A. I. H., 1915.

Medical Services who has under control the large clearing stations, the Motor Ambulance Convoys, and all sanitary arrangements.

A combatant, wounded while advancing, is picked up by stretcher bearers and carried to the shelter of a trench or a dug out regimental aid post, where he receives first aid; from there he is conveyed to the nearest dressing station, passing then out of regimental care into that of the Divisional Field Ambulance, whose dressing stations are kept as near to the front as possible, mostly in houses alongside roads to facilitate conveyance.

At one of these, the wound is carefully attended to, and he is injected with antitetanic serum. He is then taken by ambulance to a larger dressing station (school, convent or church), further to the rear, where he is made comfortable for some hours and given food and drink. Here some sorting takes place, and he starts on the next stage of his journey under the direct control of the army, to one of the Casualty Clearing Stations, which are situated as a rule near the railroad; here a proportion of serious cases, e. g., head and abdominal injuries, may be retained for a long period, but as a rule the case, in a few hours, is placed on an ambulance train, leaves the "collecting zone" and enters the "evacuating zone." Each ambulance train has a personnel of three officers, 47 other ranks R. A. M. C. and three nursing sisters. There are about twenty of these trains and they convey the wounded to the Base.

The patient now enters for the first time a fully equipped permanent hospital, and by these means the maintenance of the mobility of the fighting forces, by the removal of non-effectives, is achieved, concurrently with the removal of the sick and wounded into a region where the best professional skill can be applied under the most favorable conditions.

Aseptic surgery in the present war has been compelled to yield place to antiseptic treatment, which now may be said to hold the field, and thus by inexorable circumstance is marked a reversion to the methods which obtained over twenty years ago; the responsible factors being (a) the conditions as regards the absence of personal cleanliness under which the Army necessarily existed during the early days of the war—nowadays a bath per man every ten days is aimed at, but at the beginning the luxury, though much desired, was both in-

frequent and irregular; (b) the incidence of location which, apart from other reasons, renders asepsis impossible; in the South African war, for example, the country was dry and uncultivated and men when struck suffered alone from the proximate and natural results of their injuries, but in France the Army has been working for the most part in mud, on highly cultivated land, and the results, both proximate and remote, called to the full for the application of the greater knowledge of bacteria which is characteristic of present day medicine; gas gangrene,—due to gaseous formation from the action of gas-producing organisms on the tissues—for example, was very prevalent, and tetanus, treated for the most part by anti-tetanic serum injections, were among the contingencies of the *experientia docet* order for which the department is now more fully prepared.

The resurrection of the antiseptic has been much discussed, and the absolutely ideal agent has yet to be found.

The function of the antiseptic in war is to purify the skin, and purify and, as far as possible, sterilize wounds; in short, it should be capable of killing all microorganisms, and yet not be itself toxic; a great point also is made of the need for diffusibility when the application is made; carbolic acid has the great advantage of being very soluble in water, it can kill staphylococcus in dilution of 1-120, it is diffusible and cannot be regarded as painful. It is thought that it may act as a molecule and be dissolved in the microorganism, but its real method of action is not known.

The action of perchloride of mercury is that of coagulating the bacterial protoplasm. In solution of 1-500 it kills the spores of *b. subtilis* in five minutes; it is given up into solution slowly. Other favorites are the tincture of iodine and peroxid of hydrogen; the latter, together with normal saline, was used with most satisfactory results in badly suppurating shell wounds received at Antwerp in the cases of a large number of Belgian soldiers.

Injuries from shells may be direct (i. e., by contact), by projection of shell fragments, by impulse of débris of exploded charge, by burning, concussion and gas asphyxiation; then there are injuries by rifle bullets, shrapnel bullets, and other material projected; men within the flame area of a bursting shell are, in addition to their other injuries, severely burned, and are liable to explosion wounds, i. e., a peppered condition

of the skin from the impaction of more or less irritating particles of the débris of imperfect combustion of explosive material.

Shell wounds vary from severe mutilations to small contusions; the attendant hemorrhage is often slight, the immediate demands of such cases are for a thorough cleansing of the wounds, the application of antiseptics, the approximation of the wounded parts, the relief of pain and the administration of restoratives,—hot soup, etc.

In bullet wounds, the bullet itself does not appear to carry infection: sepsis takes origin from the skin, and in completely penetrating wounds sepsis, when it occurs, is often confined to the first and last inch or so of the bullet track. The pointed shape and structure of the modern bullet has added considerably to its penetrating power, its centre of gravity is placed towards the base, and at close quarters it makes a bad wound: the least resistance causes the bullet to turn "side on," it spins and wobbles and the destructive effects are considerable. A complete sinus rarely exists between the wounds of entry and exit because of the varying densities and shifting planes of the tissues, and in abdominal and other perforations there is often more danger in operating than in leaving things alone.

Very few cases are seen from machine guns, they are too deadly, they hit many times and kill, and it is not uncommon to see in one fatal case ten or twelve perforations.

Percentage of injuries to blood vessels is said to be increased owing to the velocity, and reduction in calibre of the rifle bullet: hemorrhage in the body cavities takes place without restraint and deaths from internal unavoidable hemorrhage are said to be more frequent.

Shrapnel appears to have done most damage. The wounds are most frequently inflicted by the round lead balls that fill the case. The balls are apt to lodge and the wounds are infected.

Chilled foot or trench foot caused much suffering during the winter. The cause is not fully understood, but the condition appears to be due more to wet than actual cold. The tissues are waterlogged, and the sebaceous secretions are choked, resulting in effects ranging from temporary numbness to gangrene and sloughing of tissues.

Among the difficulties incidental to trench fighting, constipation takes a notable position; this will be understood when it is remembered that to procure evacuation men had

often to risk their lives, and the very primitive methods of digging holes near work had to be adopted. Those who were predisposed to piles naturally suffered most.

An important feature is the way the men are fed; with good and abundant supplies of beef and bread and jam, men stood the wet well. Trench foot, as has been indicated, was much in evidence, also general rheumatic conditions; but it is almost incredible how splendidly the mass of men went through the experience of standing for stretches of 36 hours up to the waist in water; from no quarter has there been any grumbling about the food, and the general resistance, according to the evidence, has been much increased.

There has been a great deal of war shock, and in this connection the introduction of psychotherapy into military medicine is to be noted. For this undefined but very real ailment there is, it seems, no known pathology. Probably the strongest causative factor is the terrible and incessant noise of gunnery which assails the ears in the fighting area, and generally acute excitements and emotions accumulating and impressing themselves rapidly in a short space of time on a nervous system and body already overstrained. The men suffering from this condition want to be let alone and to sleep, the slightest noise jars and they are jerky and tremulous; there are also cases of insanity, probably temporary, occurring not infrequently in men preparing to go out, many of whom were probably predisposed and taking the form of delusional insanity, acute mania and occasionally suicide. All such cases are of course separated, and drafted to one of the great military departments suitable for their treatment.

In homœopathic circles there has been considerable activity with regard to military medicine and surgery. One of the surgeons of the London Homœopathic Hospital has, from practically the beginning, been at the front in charge of a surgical unit privately subscribed for, and seventy beds at the London Homœopathic Hospital have been placed at the disposal of the War Office, without acceptance, it may be remarked, to date.

From the point of view, however, of the homœopathic school one of the interesting institutions connected with the treatment of the wounded is the Hôpital Militaire Auxiliaire No. 307, also known as the Anglo-French-American Hospital, situated at 29 Boulevard Victor Hugo, Neuilly-sur-Seine, Paris.

This hospital was established early this year under the united auspices, organization and management of the International Homœopathic Council, the London Homœopathic Hospital and the British Homœopathic Association. It confines its treatment to the "Malades," not the "Blessés," for whom ample provision has already been made.

The treatment is entirely homœopathic; it is the only homœopathic hospital doing service in this great war. Dr. MacNish—as *Le Medicin Chef*—and Dr. Petrie Hoyle are in residence; they have the coöperation of homœopathic colleagues both in France and England, many of whom have offered their services for a period of one month at a time.

The hospital is maintained by funds raised in England. Forty beds are allotted for patients, but the number can be increased to 60 or more. The treatment is gratuitous to soldiers; all the nurses are fully qualified and have been trained in British hospitals, and the ambulance is sent on notification, to any locality (subject to military regulations) for transport to hospital of sick soldiers. Cases of scarlatina, small-pox, and venereal diseases are excluded; all other forms of sickness, especially acute (including typhoid), are accepted.

Dr. MacNish has very kindly favored me with the following brief summary indicating the nature of the work which is being done:

Since 8th March, 1915, up to the 3rd May, 1915, 67 patients have been admitted, and when I left on holiday, at 3rd May, 35 were still under treatment.

Our patients are French soldiers and marines; many of them come direct from the trenches and base hospitals. On admission we give them two doses of *arnica* 200—and unless there be special reasons to act otherwise do not give them any other medicine for 48 hours.

The diseases from which they suffer are varied—including typhoid, pleurisy with effusion, bronchitis, broncho-pneumonia, rheumatism, tubercular cases, acute and chronic—effects of shock and exposure, gastric and intestinal troubles, and one case of lead poisoning.

The cases are placed under the different physicians and the homœopathic treatment naturally varies—at least as regards the potencies of the medicines.

Among the medicines found efficacious have been especially:

Septicemin 200—2 doses given for septic cases—one case of pleurisy with effusion and one of tubercular pleurisy have been immediately benefited and the temperature quickly reduced to normal.

Baptisia tincture and in dilution has also been most efficacious in a typhoid case which was a very grave one on admission, and the patient made a brilliant recovery. In a case of high continuous fever

associated with lung trouble, and where ordinary remedies failed, baptisia tincture was given and the result was instantancous, the fever at once disappeared and the patient was quickly restored to health. There are numerous other cases also exhibiting the power of our remedies in disease, but on these I shall not dilate.

Our patients have most comfortable quarters—skilled nurses to wait on them—and a most healthy environment, so apart from medicines, everything is in favor of their care.

We look forward to the assistance of our medical confrères to maintain this unique hospital now established in France and ready to admit to its wards soldiers of any nationality and give them the benefits of homœopathic treatment.

In conclusion, the sanitary measures taken with a view to the avoidance of preventable sickness have proved of supreme importance: this particularly applies to enteric, but the prophylactic treatment of this war scourge is too well known to call for detailed description here, and in any case it would demand a paper all to itself.

PHYSICAL THERAPEUTICS—PRESIDENT'S ADDRESS

E. P. Mills, M. D., Ogden, Utah

To the Members of the National Society of Physical Therapeutics:

You are to be congratulated at this time upon your membership in this Society that is today gathering in its 22nd annual session, nearly a quarter of a century of useful service.

Accept my thanks for the honor you have conferred upon me, a general practitioner, in electing me your president. My relationship with the Society began in 1908 at the Kansas City meeting, and has been very pleasant and profitable. It was not because I had any special knowledge or training in the lines of our activities, but because of a desire on my part to learn.

It may be of interest to you to know that at the time of the Kansas City meeting there were only forty-four members in good standing. Since then by new members and through the activity of our energetic Treasurer the list has been doubled. We do not have the membership we once had, but the last few years have shown healthy growth.

The finances of the society show the very gratifying surplus of nearly \$500. This fund should be guarded as a trust fund and invested in some form of research work when some suitable

occasion arises. It is my recommendation that when the funds reach the \$500 figure that the Treasurer be authorized to invest that amount in some high grade bond.

It seems to me that this is a good time to take stock and settle the future policy of the society. Will it be well to seek to make this a society of specialists, with some standards of training and experience as requisites for membership, or will it better serve the purpose of the organization to seek to extend the membership among the general practitioners, to whom the use of physical agents is only a more or less minor part of their work? If the latter course be selected some plan ought to be devised and pushed whereby a large membership would be secured. We have all been embarrassed and ashamed in the past at the small hearing accorded some of the most excellent and original papers presented.

There are two things that I wish to bring to your attention:

First. The necessity of knowing and following an exact technic in the therapeutic use of physical agents.

No one would attempt to do an abdominal operation without very definite anatomical knowledge and all the details of the work proposed to be done; he should also be sure that every step was safeguarded by all methods of modern aseptic surgery.

No more should any of the various physical agents be used unless the users know the effect of the various modalities of the agent selected. The mere fact that electricity is good for muscular weakness is no warrant for the possessor of a faradic battery to start in to treat all forms of paralysis with that particular current.

The effect on the tissues of the hydrogen liberated at the negative pole of a galvanic circuit is vastly different from the effects of oxygen set free at the positive pole.

Positive applications are sedative; negative applications irritative—stimulative. Positive pole for pain, for inflammations; negative pole for the results of inflammation, for aid in the removal of deposits, for the reduction of glandular enlargements.

The primary current from a faradic battery is superficial and irritative, while the secondary current from a long wire, with its high tension, is sedative and has a much greater penetration.

Vibration also can be so used as to produce either a sedative or a stimulative effect.

An exposure of a cancerous growth to the Roentgen ray may either destroy it and induce fibrosis—nature's method of cure—or stimulate it to renewed growth; the technic deciding what the effect will be.

The wave of manipulative systems which are in such vogue at present will serve to give point to this lesson. The cowboy of my own locality, who went to sleep one night a care-free puncher, and awakened next morning a doctor, has a counterpart in many places. When these ex-cowboys, ex-machinists, and ex-all-the-rest start in on some poor offending backbone with main strength and awkwardness, something is sure to happen.

Tubercular spines have been broken and some poor souls have been hurried untimely out of this world. However, the many cures that have been effected, the many cases relieved by these ignorant, half-baked quacks certainly point the way to a very helpful agency if directed by accurate anatomical and pathological knowledge. Some of the papers in the bureau of Kinesitherapy give point to this paragraph. There are likely few lines of study that will yield greater benefits than the acquiring of exact technic in Spondylotherapy.

The second thing I wish to emphasize is the dual action of these physical agents.

Begin with the effect of heat and cold as applied in the water cures, so much used in domestic practice. Hot water will primarily dilate superficial blood vessels, but the secondary result will be to bring about their contraction. The washerwoman's hands come out of the tub at the close of the day wrinkled and shriveled.

Cold at first contracts the superficial vessels to be followed by the reaction that will flush them.

Sunlight is one of the great gifts of nature. It is the greatest disinfectant in the whole list and is necessary for the healthy development of all forms of life. Deprived of it, neither vegetables nor animals reach their normal growth. Disease flourishes in dark, damp places. Finsen, the Dane, living in a country where sunlight was rare enough to be prized, wrought out the therapeutic uses of the sun's rays. Yet this most beneficent agent has another aspect, another side to the shield. Sunburns may be the irritative agent required to start up the activity of epithelial nests into uncontrolled growth, and cancer results. A word of warning can be uttered against too much of even so good a thing as sunlight.

The hands of almost any of the earlier workers with the x-ray bear immutable evidence of the dangerous effect of the most useful agent. If these rays did not possess the power to do harm, they could not have the power to bring healing.

In radium we have many illustrations of this duality of action. You all recall that Prof. Curie, soon after he and his brilliant wife had succeeded in isolating this element, went to London to address a gathering upon their new discovery and carried in his pocket a small vial of radium. Upon his return he found that the skin under the vial was irritated and that the erythema was very slow to recede, and very resistive to treatment. It is also known that longer exposure will result in ulceration. The pathology which yields to radium is similar to the conditions which it causes.

"On the nervous system, radium, if applied for a short period, has a stimulative effect; if applied for a number of hours it produces paralysis. The length of time of application, therefore, is one of the most important points for study, for opposite effects are produced by short and long exposures."

"The action of radium has been tested on seeds, on ameba, on animals and on the human body, and all investigators agree that *small doses stimulate* while *large doses inhibit cellular activity*."

This dual action is carried into the symptoms developed by the internal administration of the potentized substance. This was brought out in the proving of radium bromide conducted by Dr. Dieffenbach and the other physicians associated with him, from whose reports the two preceding paragraphs are quoted. A single example: "Felt depressed all day for no apparent reason; felt as if something were going to happen." Then in a few days, "Have been in good spirits all day and feel as if I could do and undertake anything."

From the days of Hippocrates, who noted the effect of friction upon amber, the knowledge and use of electricity has been growing. Today man has so far comprehended this erstwhile curious and dangerous manifestation of power that he now sends his thoughts far through space, makes it carry his voice from sea to sea, turns night into day, transports his commerce, performs the heaviest and most delicate of his work. This agent is also pregnant with help for man's ills.

Radium has rewritten physics and has opened new avenues for human thought which may lead to the solution of the mystery of life itself.

All of our bureaus will open new and fascinating paths of in-

vestigation and will lead us into larger places of increased usefulness and service.

Into this sea of knowledge, the near shore of which alone we ken, our society like a great ship must sail. Our leaders will open unto us many things new and strange, that we can make a part of our armament in the work of our lives, which is to safely and quickly restore to health those that place themselves in our hands.

DIETETIC TREATMENT OF CHRONIC CARDIAC DISEASES*

By G. Carroll Smith, M. D., Boston

Mr. President, Ladies and Gentlemen:

I thank you for the honor you have conferred upon me by asking me to address you upon this occasion. And since you assigned me a theme which has greatly interested me during the past twenty-five years, I gladly accepted your invitation.

It is especially gratifying to me to see that the medical profession is beginning to wake up to the idea that dietetic therapy is the most efficient means we have of relieving and curing patients suffering with chronic cardiac disease. Let us reflect for a moment and we shall understand the causes of this late awakening.

It is only thirty-five years since the subject of dietetics began to be scientifically studied in this country. At that time only the merest allusion to the subject of diet in the treatment of any disease was made by my instructors in New York, among whom were some of the most celebrated clinicians in this country—Austin Flint, Alfred L. Loomis, E. G. Janeway, and William H. Thompson. In the hospital wards, at the heads of the beds, were cards on which we read liquid, semisolid, or solid diet. Now, this means nothing to either the student or teacher, save a form of administering food in such a manner as could be swallowed. Our textbooks then devoted no space to the subject of dietetics, and even now you rarely find in our standard works upon internal medicine more than a paragraph given to the dietetic treatment of disease. Furthermore, until within the last few years there have been no lectures given upon dietetics in any of our medical schools, hence very few physicians who have been graduates more than five years have any useful working basis for the study of dietetics.

*Bureau of Dietetics, Nat'l. Soc. of Phys. Ther., 1915.

notwithstanding the fact that we have very many valuable treatises upon this subject. Now, food values are so well known to the young men in our profession that even their elders are compelled to familiarize themselves with this most important factor in therapeutics.

To understand the indication for a dietetic therapy in heart disease, let us recall the etiology of the most of our chronic cardiac affections. They originate, as you know, chiefly from the infectious diseases of childhood—tonsillitis, scarlet fever, la grippe, acute rheumatic arthritis, etc. Now, without going into the comparatively smaller number arising from infection in adult life, or as sequelae to sepsis elsewhere in the system, let us see what takes place in the cases which begin in childhood.

The disease begins as an acute endocarditis, and ends in a chronic myocarditis, with or without crippling of one or more valves. A lesion of the myocardium results, and is readily compensated for, in youth, by increase of cardiac muscle, and the patients go through middle adult life perhaps without a knowledge that they have heart disease. This is especially true of a person whose professional or business life carries with it no physical strain, providing his financial status is such that he is obliged to economize in food and stimulants, and he allows himself sufficient moderate exercise. He rarely, however, reaches the age of fifty before he has overindulged in the luxuries which become possible by increasing experience and consequent revenue. His active exercise correspondingly decreases, and an accumulation of fat naturally follows. Then a very foolish idea enters his mind, and, I am sorry to say, is often suggested by his medical advisor, namely, to take up physical exercise, and he begins with tennis, cross country runs, and golf, and these, without intelligent physical or medical oversight. He unwittingly thinks the more strenuous the muscular activities are, the sooner he will reduce his flesh, and he very soon stretches out the muscular wall of his previously diseased heart, and at once evinces the symptoms which lead him to consult his doctor, namely, dyspnea, fatigue, general weariness, indisposition to exert himself, as he so often says "he is tired all the time."

If this patient is not properly treated dietetically he will continue to live on a fattening diet, and will soon deposit so much adipose in his abdominal walls, and within and around the abdominal viscera, that it acts as a buffer to the descent of the diaphragm, and oxygenation becomes seriously impaired. At this

stage the gastric, intestinal, and pancreatic secretions become impoverished, and disorders of digestion and assimilation make themselves manifest at first in the well known subacute congestion of mucous membranes of nose, pharynx, larynx, and bronchi, commonly known as "colds;" also in the stomach and bowels, called catarrh of the stomach, biliousness, intestinal catarrh, or diarrhea. Not infrequently a slight congestion of the kidneys is shown by albumin in the urine.

My object in mentioning these early symptoms of cardiac failure, is because I have found in my consultation work that these symptoms have not been correctly interpreted, or they have often been entirely overlooked, especially if seen in the cardiac obese, and in mild cases of myocarditis without cardiac murmurs.

As the accumulation of fat increases we have the development of symptoms of faulty metabolism, such as rheumatism of muscles, structures of joints, sheaths of nerves (neuralgias and neuritis). These conditions are due in part to poor quality of the blood, but chiefly to an insufficient supply of the same, because of loss of heart power, and the increased resistance of blood vessels reduced in caliber by superimposed fat.

It seems useless to mention the high blood pressure observed in the cardiac obese, but I have so often seen physicians distressed about it, and trying to reduce it by drugs, that it was very evident the actual cause of the high blood pressure was not perceived. Here lies the danger of treating one symptom of a diseased condition, namely, obesity, for arteriosclerosis. I see this mistake made so often that I am constrained to offer the above statement as a word of caution.

After this little digression let us return to the more serious stage of our cardiac affection, that of marked decompensation, when our patient is confined to the house because of great disability, cyanosis, marked dyspnea, orthopnea, Cheyne Stokes' breathing, oliguria, albuminuria; and a physical examination shows respiration 48, pulse 140, and a low blood pressure of 120, which was formerly 190. The pulse may be irregular, and nodal rhythm, auricular fibrillation and flutter may be present.

The foregoing are some of the conditions which follow a simple endocarditis after forty or fifty years. They could have all been prevented by a proper diet, and other judicious prophylactic means.

I am greatly pleased to see that our pediatricists are blazing the trail for us to follow.

To illustrate the method I have been using in the treatment of chronic cardiac disease, I have simply, for convenience, divided my cases into three classes:

Class 1. The cardiac obese; or, if you please, obese patients who have cardiac symptoms,—fatigue, dyspnea, albuminuria, and dropsy.

Class 2. Mild cardiac cases with the same symptoms; that is, cases of disease of the myocardium with or without valvular lesions, with symptoms of moderate decompensation.

Class 3. Cases with broken compensation of a severe type, with marked dyspnea, cyanosis, orthopnea, dropsy, and symptoms of extreme irregularity of the heart, even auricular fibrillation and flutter.

I have selected from my card histories one case to illustrate each class. I will briefly cite the important symptoms in the history of each, and discuss the salient points in the diet advised.

Female. Single. Age, 49. School Teacher. Ht., 5-2¼. Wt., 180½ (nude).

F. H. F. died of esophageal tumor. M. died of Bright's at 75. 2 S. and 1 B. al. and w.

P. H. Had the usual children's diseases in a mild form. Cta. at 14, always regular, ceased at 48. Has been in bed only a part of two days since childhood. During the past 10 years has had an occasional twinge of rheumatism in muscles and joints.

P. I. Patient comes in to be looked over. Complaints of dyspnea on walking, even on level; rheumatic aches and pains, swelling of legs.

Habits. Bowels regular. Nocturia —0. Alc. —0.

Urine. Acid. 1024. Alb. —0. Sug. —0. Sed. — No blood, pus, or casts.

Diet. Breakfast—baked apple, 2 slices of dry toast, coffee with sugar and cream. Lunch, 12 M.—½ doz. "Educators." Second Lunch, 2:30 p. m.—Ice cream soda. Dinner, 6:30 p. m.—Dip toast in cream, rice or macaroni, coffee with sugar and cream. All kinds of sweet desserts. Between meals candy very freely. Patient never eats meat, fish, or eggs, because her father never did.

P. E. Pulse, 72. Resp., 18. Blood pressure, sys. 140 mm., dias. 120. Head, throat, heart and lungs normal. Liver and spleen could not be palpated. Marked edema of legs. Slight exertion in the office made patient dyspneic.

This patient well illustrates the cardiac obese, and is especially interesting because of the fact that she was a vegetarian.

She was put upon a reduction diet, in which proteins, especially meat, predominated, carbohydrates were reduced to a minimum,

and fats were restricted to that which appeared in the lean meats and fish ordered, with a little butter. Liquids were reduced to five glasses during the day, including water, separated milk, coffee, tea, and thin soups. One teaspoonful of Epsom salts in a glass of water was given on the fasting stomach in the morning, until all edema had disappeared from the legs.

This mode of treatment was persisted in until the following June (9 months), when her weight was 127, pulse 76, and blood pressure 130 mm. (sys).

During the first four weeks some difficulty was experienced in teaching this patient to eat meat, fish, and eggs, but after this there was no further trouble in that direction. She has remained perfectly well until the present time, maintaining the same weight as when she was discharged nine months after beginning treatment.

Patient—Female. 43 M.

Ht. 5-7. Wt. 194.

F. H. Good.

P. H. Frequent attacks of tonsillitis and la grippe. Comes in for rheumatism in hands and feet, dyspnea, and gas in stomach and bowel, constipation. Nocturia—1. Wakens in the morning with headache.

P. E. Pale and fat. Pulse 80, reg. Temp. 98.6 (F). Blood pressure (sys.) 108 mm. Head and throat—normal. Lungs—clear. Heart sounds—clear, P2 greater than A2, mitral systolic murmur. Abdomen—soft; liver—3 cm. below the costal margin; spleen—not palpable. Moderate edema of the legs to the knees.

Urine. Color—normal. Acid. 1024. Alb.—S. P. T. Sug.—0. No blood, pus, or casts.

Diagnosis: Mitral insufficiency incompletely compensated. Obesity.

Treatment. This patient was obliged to work, so she was requested to rest by lying down after meals for one-half hour to one hour, and given 1/60 grain doses of strychnin after meals, and one drachm dose of Epsom salts in hot water one hour before breakfast every morning, until all the dropsy had disappeared. She was given a reduction diet, representing about 1800 calories, in which the protein represented 175 grams, fat 40 grams, carbohydrate 200 grams.

Upon this diet she lost 2 pounds a week, on the average, for 17 weeks, when her blood pressure had risen to 126, her pulse was 72, and her weight 160.

These two cases received the same kind of diet, and the fol-

lowing list is a copy of the one given them. I wish to call especial attention to it here.

BREAKFAST

Fruit—apples, peaches, plums, or pears (baked or stewed), melons, oranges, grapefruit, pineapples, stewed evaporated apples, apricots, prunes, peaches, berries of all kinds in season, Malaga grapes (all fruit to be taken without sugar). Eggs—(every second day) soft boiled, coddled, dropped, scrambled, omelet. Fish—(broiled) shad, haddock, halibut, finnan haddie, sole, smelts, perch, pickerel, bass, brook trout, flounders, scup, hake, tinker mackerel. Chops—lamb, mutton, veal. Broiled chicken, broiled honeycomb tripe, hash (made with meat and vegetables or fish and vegetables), fish cakes. Baked potatoes. Two thin slices of dry toast. Coffee or tea, without cream or sugar (saccharine may be used if desired). Separated or skimmed milk.

LUNCHEON

Raw oysters, little neck clams, steamed clams. Thin soups—clam bouillon, consomme, etc. Fish or chops—when not taken for breakfast. Cold meat of any kind. Hash—as for breakfast. Potatoes—boiled, baked, or mashed; broiled fresh mushrooms. Salads—fruit or vegetables, with French dressing. Fruit—as above. One cup of tea, glass of water, separated milk, butter-milk, or cocoa shells.

DINNER

Raw oysters, little neck clams, steamed clams. Thin soups—consomme, clam bouillon, vegetables, strained chicken gumbo; oyster stew, fish or clam chowder (made with thin milk). Fish—as above, baked, boiled, or broiled; soft shell crabs, crab meat, shrimps, scallops. Roasts—lamb, mutton, veal, chicken or turkey (white meat), venison, quail, partridge, pigeon, rabbit; corned beef or tongue (boiled six hours). Chops—as above. Vegetables—Irish potatoes, lettuce, cucumbers (cut thin as tissue paper), radishes, tomatoes, spinach, kale, Brussels sprouts, celery, asparagus, cabbage (chopped fine and boiled ten minutes in slightly salted water), cold slaw, cauliflower, greens of any kind, string beans, green peas, beets, squash, onions, English white turnips, carrots, parsnips, eggplant, mushrooms, pickles. Salads—as above. Dessert—fruit, or crackers with cheese (Camembert, Brie, cottage, curd, Edam). One glass of water or cup of tea (without cream or sugar), or separated milk.

SUGGESTIONS

Eat small meals.

Toast or bread of any kind are allowed only when eggs are taken for breakfast.

Drink one glass of hot or cold water on rising and retiring, half a glass at 11 a. m. and 4 p. m.

Do not drink while eating,—but after the meal.

Vary the food as much as possible from meal to meal and day to day.

Take a different kind of fruit at each meal.

Eat very slowly and thoroughly masticate the food.

A little butter may be used on toast and vegetables.

Do not eat meat and fish, meat and eggs, or fish and eggs at the same meal.

Fruit may be taken raw if it agrees.

Eat no canned or preserved fruit.

When cheese is taken the equivalent of one of Bent's water crackers is allowed.

With slight modifications it serves the purpose for my first two classes, because the prime object is a reduction in weight, since it is obesity which causes the same symptoms in each class. When constipation or diarrhea exists at the beginning, or develops during the process of treatment, the coarse vegetables should be increased or omitted, according to the doctor's instructions. Diarrhea is a very rare complication, except in cases of recurring mucous colitis, and it is best treated by omitting all solid food for a few days, and giving milk and lime water instead, after thoroughly irrigating the colon with hot salt solution. When solid food is begun again, all coarse vegetables and raw fruit should be omitted, and about four glasses of warm separated milk substituted for them. In some instances buttermilk may take the place of a part of the separated milk.

On the other hand, constipation is very commonly induced by this diet, since sugar—a decided laxative—is omitted. This constipation is, however, readily overcome by giving a little more drinking water between meals, and increasing the coarse vegetables and raw fruit, or by giving a little milk of magnesia or sodium phosphate.

Again, it is self evident that Class II would often require less exercise, longer periods of rest, and a slower reduction than Class I, depending entirely upon the degree of embarrassment of the heart's function. All that is necessary to make the patient lose weight more slowly is to add a little bread and butter to the diet, or an extra egg or two.

One other complication which you will find exists in many patients of these two classes is diabetes mellitus. In my experience more than 50 per cent of my diabetics above fifty years of age are obese, and fall into these two classes, and yield readily, in most cases, to the same cure, while in severe cases the more rigid

diabetic diet should be resorted to until the urine is sugar-free, and then it may be similar to the above, with an increase of fat and reduction of carbohydrate.

Let us now study this menu somewhat in detail. The proteins predominate, and appear in every meal merely to allow the patient an option as to the time he desires them. Predominance is given to them, both for their constructive power and in a measure to supplant fat and carbohydrate in furnishing heat and energy. Physiological chemists have found that as the latter are reduced in amount the former must be increased to maintain nitrogenous equilibrium.

With regard to the amount and kind of protein, I have found this will vary with the patient's occupation and kidney function. When the muscular activity is considerable, and kidneys are normal, 100 to 150 grams of protein are often desirable. When activity is forbidden because of obesity, and there is no evidence of nephritis, after the dropsy disappears a similar amount may be given. The urine should be carefully watched, but I rarely see any occasion to reduce the amount of protein. A persistent high blood pressure, even when albuminuria and casts are not present, is suspicious, and should keep you always on the lookout. The more severe and chronic the cardiac decompensation, the greater must be the restriction of protein. The preference should be given to animal protein. Fats are considerably reduced, being restricted to a small amount of butter on toast and vegetables, and to the fat in eggs, and that contained in lean meat and fish. The doctor must bear in mind also that the fat of butter and cream is nearly all absorbed, while that of olive oil largely escapes absorption. The absorbability of the fat of different meats and fishes also varies much. To avoid trouble on this account lean meat and fish are used, and numerous kinds are here introduced to allow latitude of choice, as it is the fat which gives to them their respective flavors.

For some reason the carbohydrates seem to be the Waterloo for the average physician who has given very little attention to food values. I find for such cases as are here under consideration, he cuts out potato which contains 18 per cent starch, and gives bread and rice which contain 50 to 80 per cent starch. In this menu the carbohydrates are very much reduced, i. e., they are large in bulk, but in actual per cent of absorbable nutriment they are small. Cane sugar is cut out, and the fruit and vegetable sugars allowed are comparatively small. Please recall to

mind that all vegetables containing less than 5 per cent starch are ignorable as to their caloric value for food, because their little starch content escapes absorption in passing through the bowel with the vegetable fibre. They are very valuable, however, to assist digestion and assimilation because of their water content, to maintain alkalinity of the blood, and to facilitate peristalsis, as well as to satisfy hunger. Of additional food value are all the other vegetables in the ratio of their relative starch content up to the Irish potato, which has 18 per cent starch. You will notice that sweet potato (26 per cent carbohydrate) is omitted, and bread is reduced to a minimum and given toasted because very little will satisfy. The cereals and rice are obviously avoided, not only because of their high starch content, but also because they require no chewing, being, therefore, bolted, and are eaten with cream and sugar, or butter, thus further increasing their high caloric value.

Patients in these two classes will require from 1,400 to 2,000 calories daily. You may like to know if it is necessary to figure the amount of calories each day. No, unless you want to do so for teaching or other scientific purposes. For clinical purposes you should have each patient buy a scale and weigh himself, nude, daily upon rising, and make a memorandum of this weight to interest him, and to satisfy you that his ration is well proportioned. Nurses are now taught in the training schools to reckon food calories, so that a great saving of time of the busy practitioner will soon be possible.

It is my custom to have these patients come to my office once each week for one month, to teach them to follow the diet, also to see if they are losing fast enough. Some will lose much faster than others at first, largely because they have more dropsy, and the loss in weight the first week may be more than half water, and after the dropsy disappears, one may lose three or four pounds each week, while another loses only one or two. This is usually due to the amount of food taken, so that each patient must be questioned carefully about each day's meals, and in some cases it is necessary to have him bring his daily menus with him. It may be found that he is eating too constantly of the most fattening kinds of food, in spite of the suggestion that his food should be varied from day to day and meal to meal.

In the treatment of no other disease is the attention of the doctor to details and the hearty co-operation of the patient more necessary for success. To secure the latter it is, in my judgment,

necessary to adroitly tell him that he has a heart trouble, which, if properly treated, will never debar him from hard mental and moderate physical work. Without such a knowledge he will not understand why he is restricted in his physical activities and intake of food. From this heart-to-heart talk I have never seen harm come, though I am well aware the plan is not popular with physicians.

From this list a patient is required to make a substantial breakfast, a light lunch or hearty dinner at noon, as is best adapted to his health and business, and a light supper or full dinner at night. He may have meat or fish at one or two meals daily. Every effort is made to have a great number of kinds of food from which to select, which lessens the hardship which a monotonous diet causes.

I am often asked if there is not danger in reducing the weight of a patient, and what is the age limit. In reply to the first question I will say, no, if you know how. The strength of the patient must be carefully safeguarded; very delicate and old invalids must be reduced slowly, especially after the dropsy has disappeared. There is no age limit, unless the patient does not want his life prolonged. We have reduced patients who were over eighty years of age. The old idea that one must fat up to die was exploded by Louis Cornaro—a Venetian—who lived from 1464 to 1566, and showed by his simple and temperate life he could avoid corpulence and remain efficient in old age. He wrote his treatise on "*La Vita Sobria*" between 86 and 95.

Class III is illustrated by a man now under our care. I will read you his card:

Patient. Male. 63 Single.

F. H. Father died of cardiac disease at 76. Mother died at 72 of pneumonia.

P. H. Had the usual children's diseases. Tonsillitis frequently. Denies lues.

Habits. Moderate smoker. Alcohol—O. Tea and coffee—1 cup each.

P. I. This patient came to me first seven years ago with a cough and free expectoration of frothy blood-stained mucus and distress in the epigastrium. These symptoms came on after climbing the subway stairs with a twenty pound suit case.

P. E. Ht. 5-6. Wt. 185. Fat and cyanotic. Pulse 96, weak and compressible. Resp. 32. Temp. 99. Blood pressure 100 (sys.) (2 years ago systolic blood pressure 150). Head, eyes, throat, and neck glands normal. Lungs—moist bronchial râles on both sides. Heart—apex impulse heaving and felt in the 5th interspace just outside the nipple line, and in the epigastrium.

Cardiac dullness reached 3 cm. to right of sternum. A loud mitral systolic murmur extending well toward the left axilla. P2 greater than A2. The liver reached 4 cm. below the costal margin; spleen not palpable. Bowels considerably distended with gas. Urine showed albumin and rare hyaline cast. Legs edematous even above the knees.

Diagnosis: Myocarditis, mitral insufficiency, decompensation. Acute dilatation. Pulmonary edema.

Treatment. The patient was put to bed and given one drachm of the sulphate of magnesia every four hours, until he had eight or ten liquid stools, and after that the salts were given only once a day, until the dropsy had disappeared. During this period of four days the diet was one glass of milk with a cracker every three hours for six meals daily, with the whites of three eggs and the juice of an orange. For the next four days egg whites were supplanted by three whole eggs. In eight days fifteen pounds had been lost, and all his symptoms had disappeared.

Solid food selected from the menu before referred to was then gradually begun for regular meals, and separated milk given between for three weeks; after this, the milk was omitted. At this time the patient began to sit up a short time, and a week later to walk about, and to ride in an auto. In five weeks he was dismissed and he returned to his office business. His weight had gone down to 145.

Since then he remained well until six months ago when he was sent home from Washington to die with an attack similar to that of seven years ago, although the former symptoms were very much more severe, and there were superadded orthopnea, auricular fibrillation, and bigeminy. His weight had gone up to 160, the cardiac dullness reached 6 cm. to right of sternum, and the liver was below the navel line. Restlessness, insomnia, and cyanosis were very prominent; the dropsy of the legs was more marked; oliguria, with high colored urine, containing albumin and occasional casts, added greatly to the patient's distress.

Treatment. Morphin grain $\frac{1}{4}$ and atropin grain $\frac{1}{100}$ was given subcutaneously to quiet restlessness and secure sleep, and later ten minims each of the deodorized tincture of opium and tincture of digitalis twice daily for ten days, until the patient slept well with one pillow. For two days he was given one drachm of magnesium sulphate every four hours, then the dose was required only once daily. On the fifth and sixth days diuretin was given in 15 grain doses every four hours, which caused an output of 3000 c. c. and 4000 c. c. of urine, respectively.

The diet the first day consisted of the albumen of one egg, with one ounce of separated milk, alternating hourly with one drachm of whiskey when the patient was awake. The second day, four ounces of separated milk every two hours, and the white of one egg every four hours with two drachms of whiskey were given, and afterwards the whiskey was omitted, and eight ounces of separated milk with one ounce of cream were given every $2\frac{1}{2}$ hours with four egg whites. After this the separated milk was increased to six and eight ounces every $2\frac{1}{2}$ hours, with the same amount of egg albumen, and the juice of one orange was added until the seventh day, when one whole egg was given three times a day, and pure milk was substituted for separated milk, and each day the food from the above list was cautiously added, and the milk omitted. In four weeks he was sitting up for brief periods, and in eight weeks walking and motoring about the country. He is now in his seventieth year, weighs 140 pounds, and complains only of an occasional feeling of pressure under the sternum and epigastric distress, the former, of course, due to the dilated heart; the latter to the greatly hypertrophied liver which still reaches below the level of the umbilicus; auricular fibrillation and bigeminy are still present. Strange to say, his urine now, after repeated examinations, shows no albumin or casts. The patient, on the whole, is very comfortable and enjoying himself, although unable to work. The bundle of His is involved, and in old age when auricular fibrillations and bigeminy exist for weeks, the prognosis is unfavorable, but in one of my patients who was forty-six years old compensation took place, and after three years all signs of heart block had disappeared. Digitalis in full doses is thought in such cases to be our sovereign remedy, but too often it fails and I obtain better results from opium.

In closing I would like to lay emphasis upon:

1. *Rest*—the most important factor in the treatment of all cardiac affections.

A. Before conscious symptoms have arisen, by short periods of rest in bed, and avoiding strenuous exercise, with a diet properly arranged to avoid the accumulation of fat, mild cardiacs would never develop symptoms of decompensation.

B. In the stage of decompensation, rest must be insisted upon, until by a reduction of weight the patient returns to a normal condition, after which stated periods of rest should be enjoined to prevent a recurrence of heart failure.

2. *Exercise*—should not be allowed while reducing the

weight of such patients, because the heart is already much over-taxed, as shown by the symptoms of failure, but later, after health is regained, carefully regulated light exercise is very beneficial, but should be under control.

3. A careful study must be given to each patient, and more attention directed to his circulation, respiration, and the condition of the splanchnic viscera than to frequent examinations of the heart, or daily taking of his blood pressure. The latter in no way aids the treatment, and often alarms the patient. It is a common experience to see a blood pressure in an obese cardiac drop 40 mm.—from 180 to 140—during one week's rest in bed on a milk diet. If a patient has a blood pressure of about 200 mm., and it remains there after 10 to 20 pounds reduction, you may feel sure you have a renal complication to reckon with.

4. Time is worse than wasted at European Spas, as the essential factors—*REST and DIET*—are ignored.

5. Reduction in weight is necessary at all ages when it is above normal, but of course the young do not require as much reduction as those in middle life and old age.

6. Do not expect good results from giving a diet list issued by some patent drug manufacturer, or by telling him to live on "a light diet," but prepare a special diet for each patient, and see that he follows it to the letter. Have all your patients weigh themselves daily, and, if possible, own their own scales.

7. The prognosis is good in more than 95 per cent of our cases.

8. About 5 per cent only are lean, and belong to the cardio-renal type, or they have a severe lesion of the bundle of His.

Lord Bacon said, "Of all sorts of instructions, the best is gained from our own thoughts as well as experiences."

SANITARY IMPROVEMENT IN OYSTERS.

Oysters now being shipped from northern oyster beds in interstate commerce are safer than ever before, according to the bacteriological specialists of the United States Department of Agriculture. Oysters, as these specialists express it, are fully as safe a food as is milk. This condition has been brought about through the sanitary surveys of oyster beds conducted co-operatively by the Public Health Service and the Department of Agriculture, by the hearty co-operation of the State shellfish authorities with the Federal authorities, and finally by a realization on the part of the oyster men that they themselves in the interests of their industry must prevent the taking of oysters from suspected or polluted beds.—*U. S. Dept. Agriculture.*

MORES MUTABILES*

By Theodore Bacmeister, M. D., Chicago

"Manners with morals, humors turn with climes,
Tenets with books and principles with times!"

Thus wrote Pope, plagiarizing in all probability from Robert Herrick, who, two generations before, had sung,

"Thus times do shift, each thing his turn does hold;
New things succeed as former things grow old."

And both poets were but elaborating upon the theme of a certain Roman citizen, a Jewish philosopher, who wrote his Corinthian friends some twenty centuries ago, "Old things are passed away, behold all things are become new."

Each succeeding generation of the human race labors at two great tasks. It tears down the fabric of civilization so tediously builded by its predecessors, destroys the art, science and theology of its ancestors and then, by tireless energy and ceaseless effort, it moils and toils in sweat and blood to erect its own high temple of civilization and to enthrone therein its own beloved idols of art, knowledge and religion!

This constant change of ideas and ideals is nowhere more evident than in the realm of medicine. Sprung from superstition and long shrouded in the robes of mysticism and necromancy, the art of medicine has undergone most tremendous metamorphoses. From chaos and confusion, from a thing without form and void, this changeling has evolutionized itself into the semblance of a science, and now in this twentieth century, we, who tread the broad road of medicine, congratulate ourselves upon being scientists, practicing a science! In making for ourselves this splendid place in the sun we have destroyed and discarded practically all of the tenets, beliefs and principles of our fathers!

Medicine was primarily the art of healing. Today therapeutics, and particularly drug therapy, has been relegated to the place of least importance. This is but natural, since there can be no place in science for the ancient fabric of drug therapy which was but chaos and confusion worse confounded and in which there was neither law, nor theory, nor rule, nor reason! Science works with instruments of accuracy along definite lines according to positive rules toward a certain goal.

*Bureau of Homœopathy, A. I. H., 1915.

Through all the generations, science has vainly sought something positive, definite, tangible in the realm of therapy, and, failing to find it, has turned in disappointment and chagrin from this unsatisfactory line of work to more material things and has elaborated the great system of sciences which now constitutes medicine.

And so it has come to pass that the whirligig of time has transmuted the simple old art of healing into this wonderful thing which we are pleased to call modern medicine. Thus it is that the present-day physician has become a composite of all knowledge, a tabloid encyclopedia of all learning! He is a chemist, a biologist, a pathologist: he is a diagnostician and an obstetrician: he is letter-perfect in matters of hygiene and sanitation, he has mastered the etiology and prophylaxis of the zymotic diseases: he is hematologist, neurologist and gynecologist: he is a thirty-third degree surgeon: last and least of all, he is a third-rate therapist!

As homœopaths, we are like to forget, or at least to under-rate the effect upon us of the radical change which thus has come over the face of general medicine. The supreme element in homœopathy ever has been its system of therapeutics. This has been our specialty and our pride, this the only excuse for our colleges and the sole justification for our school of practice. Upon therapeutics we have builded our name and by means of it have made for ourselves a place in the sun! Now we are confronted with the very serious consideration that drug therapy has been relegated to a minor place in medical science.

It is our boast that we add to our knowledge of medicine a special knowledge of homœopathic therapeutics; that all pertaining to the great field of medical learning is ours by tradition, by inheritance, by right. The all-comprehensiveness of this is enough to stagger one! Consider that the mastery of our homœopathic materia medica and symptomatology alone is a life work. Add to this the great burden imposed by the attempt to keep abreast of the kaleidoscopic career of general medicine in other fields and you must be appalled at the magnitude of the task set the present-day student and practitioner of homœopathy! Surely few, if any, are equal to the herculean labor. Our very ambition near proves our undoing, for he who enters the homœopathic profession today must of sheer necessity neglect some branch of his training and, from

the very nature of the case, that neglected branch is the science of homœopathy.

You who complain so bitterly of our colleges' failure to impart a comprehensive knowledge of homœopathics to their graduates consider this point. Conditions are changed and we can no longer follow in the straight and narrow path of our fathers. Coerced by that public sentiment which has been created by traditional "uplift of medicine," the state has demanded a radical change in the curriculum of the medical college. To the physician of the past and to his clientele of satisfied patients drug therapy seemed all important, but to the butcher and baker and candlestick maker and bar-keep, now presiding over the destiny of our several states, drug therapy is an idle tale. Science is demanded and science is had! Today the state regulates and dictates the college course and the college is what the state makes it.

All this is done in the interest of humanity and "pro bono publico." But, O humanity, how many crimes are committed in thy name! Has the beloved public profited by reason of the state's watchful care over it? It is true that the old physicians throughout the land—those incompetent old fogies and mossbacks—those non-progressive back-numbers so dangerous to the public weal—those unscientific doctors of the old school—those Herings and Farringtons and Allens and Beebes and Dunhams and Ludlams and all—it is true that the old men are going. It is also true that there are no incompetents rushing from our medical colleges to menace the public health. The recent graduate from our much regulated college locates in the large city only, where there is suitable reward for his labor and where he can early enter upon the practice of his specialty!

If this be the result sought by our wise legislators, they have done well, and the safeguarded public should be content. But, mark you, that safeguarded public is not content! The guileless populace clamors for medical attention, and, if it cannot secure the right sort of practitioners, then it will employ the other sort! I call to witness the great horde of irregular physicians, of quacks and fakirs, of quasimedical cultists and of "healers" that has flooded the land during the latter-day period of stringent college regulation!

Assuredly the pendulum has swung too far and a reaction is long overdue. The state will learn that the college is the

best judge of its needed course of study and withdraw many of the present impractical demands upon the institutions of learning. In that day we shall see the restoration of *materia medica* and therapeutics and a worthy teaching of those sciences in the colleges. Among the changes which will come with this restoration, I firmly believe, will be the introduction of a chair of homœopathics into every reputable medical school and the gradual, but general acceptance of the tenets and teachings of Hahnemann. The grounds for my belief are briefly stated.

The formula, "*similia similibus curantur*," is the only expression of a general law of cure that has ever been promulgated. It represents the only theory of cure which has stood the acid test of time and practice. The soundness of the law has never been shaken. No investigator has ever put the theory of homœopathy to honest test or its merits to faithful trial without being convinced of the basic soundness and the practical efficacy of that theory, and perhaps the greatest earnest of the intrinsic worth of Hahnemann's law of cure is to be found in the enthusiastic support of those physicians of the dominant school who, after years of experience with the so-called "regular" system of medicine, have taken up the practice of homœopathy. Again, thousands of our "regular" friends are today unwittingly practicing pretty straight homœopathy: one of our most progressive and rapidly growing pharmacal houses publishes a price-list which amounts to a very respectable text book on practice, and is quite the most popular and result-giving volume in many a physician's library. This price list boldly quotes our century-old homœopathic indications as the basis for the prescription of its various preparations and, as previously stated, thousands of the rank and file of old school men are thus prescribing, and they are deriving more satisfaction from their prescriptions than they ever before knew! This is crude homœopathy. I grant you, but it is none the less homœopathy. Again, the most successful attempts at therapy which modern science has scored have most certainly been in the realm of the zymotic diseases, in the development of bacterin and vaccine therapy: and it must be admitted that the bacterins and the vaccines are amazingly homœopathic in theory and practice. Again, science was once wont to ridicule homœopathy upon the score of dosage, but a great change has come over the

spirit of science's dreams and she now brazenly recommends such Lilliputian doses that you and I fairly gasp in wonder! Finally, the most recent old school literature betrays a remarkable tendency to study the patient as well as the disease, and we find a considerable degree of attention being devoted to symptomatology.

EDUCATIONAL SUGGESTIONS*

By G. D. Cameron, M. D., Chagrin Falls, Ohio

Our Present Status. The ever-shifting sands of destiny daily adjust and readjust our horizon. Perhaps to no generation has it been given to see a year so fraught with change as the one just ended. The increasing strain on a not too solid social crust has resulted in political cataclysm. The atoms of our institutionalism are in nascent vibration. What new combination may the morning not bring? We have worked to fill our ships with the yellow metal and have "sailed on and on and on" and we now find our cargo to be "fool's gold." We must take inventory and place new values. We thought civilization a structure and find it a veneer. In the morning we have ideals, at noon we modify, and in the evening abandon them. The jungle has no path and the pole star is hidden in smoke. Where we were wont to look for stability, there is uproar. Where Sanity herself stood and plead for efficiency and conservation Insanity now raves for disintegration and dissolution. The "common sense of the common people" appears a myth. This weird and unclassified dream of 1914 and 1915 is too strange for human intelligence. On its grotesque screen terms of philosophy flash into terms of blood. Will we awake in time? Nations get sick and die. Is this delirium a fatal sign?

Causes. Undoubtedly the generally accepted belief that wideness of dominion and numerous colonial possessions are necessary to political and commercial greatness has done much to sustain the sentiment for national aggression which is now bearing such fatal results. Under the terms, "racial pride," "religious mysticism," "national atavism," "commercialism" and "extension of trade," different explanations are attempted as a solution of this greatest of world conflicts.

Jefferson said, "The safety of a country lies in the education

*Bureau of Sanitary Science. A. I. H., 1915.

of her people," and our schools have been called "the fortress impregnable" and "bulwark of liberty." If this be true and if every man-born institution is the product of a projected ideal, then those who believe in education as the great molding factor in human life should attempt a solution along educational lines. The gradual development through recent decades of the "militaristic" idea could result logically only in a projection of that idea in the aftermath. If educational forces are paramount and dominant, and, because inefficient, have landed us in this disgraceful and destructive angle, why not readjust our educational machinery? If education is to have all the credit, should she not share the blame? If war is a mistake, then we should search well the past for the wrong ideas and false ideals which have brought war upon us. Every tree that bears this fruit "should be hewn down and cast into the fire."

Results of War. Wherever investigation shall locate the causes of this war the catastrophe comes to us in its results. It is discouraging to those who have been trying so hard to get the means to advance better things in the world to see the accumulated wealth and ideals of the centuries so ruthlessly destroyed. Beyond the desecrated bodies of the blameless dead are the living millions whose lives are burdened by the economics of war. The broadside which thunders out its murder is but the combined groans of a tax-ridden people re-echoing to the death cry in the trenches. There comes again into vision the narrow street and crowded tenement, the anguish of poverty, of destitution and famine, of "the faded dress" and despair. The possibilities of education hinge on prosperity and enlightenment. War withers a people into pauperism and starvation, sends the flower of manhood to destruction and leaves the degenerate to reproduce his kind. Disease, dust, smoke, blight, fungi, darkness, ashes and débris follow in the wake of war. In this struggle we have the added mortification of realizing that morally this great conflict has no justification. Our faith in human nature has suffered. We have become implanted with the fear that the best of European manhood is being sacrificed to false gods. Mistaken souls who instigated this hideous debauch may even now sense the torment of remorse, but the disaster goes on. The deadening physical havoc wrought by this unprecedented dénouement of arms is not greater than the moral cataclysm which spreads over, and from, and through the trenches of battle to the ut-

most confines of civilization. In this country we are being driven daily farther from our position of altruistic neutrality by the bombardment of war suggestion from over the sea. We are no longer engrossed with the education and conservation of the child, but are giving our time and space to discussing the size and number of our appropriations for the army and navy. Instead of building our flying ships to carry the blessings of education to the corners of the earth, we are building them in imitation of the vampire and vulture to consume and destroy. Does the eagle no longer nest in the crags?

Good Intent not Enough. Educators may be zealous, of good intent, and organized in their effort, but, if there exist, outside in the environment, stimuli more primal than those evolved by the educational forces, education is not decisive. What can be done to strengthen our line against this galling attack? Where may effort assist in forming for a strong and rational offensive?

Long Felt Need. As we take up again the old problems which have been demanding solution so long, let us remember to be modern and that "old times are passed away and all things are become new." So great may the change become that the entirely new problems may displace and out-rank the old. There has been among educators a growing demand for a change in our school study courses. Business men feel that there exists a lack of the practical element in our schools. Factions have been springing up in the church asking for a change of policy. On every hand is the feeling that "someone has blundered." This sense of mistake, this haunting, as of an injustice done, this unanswered call for efficiency, is taking form and is knocking at your door and mine.

Traditions To Be Overcome. The Greeks deified the physical side of human development, the religious fanaticism of the Reformation swung mentally into an hysteria and mysticism of witchcraft, and we are now experiencing something of a "sickly thud" as the result of our coming down from that exalted extreme. For fifty years our people have been taught that our schools are our greatest civilizing force and they have held the attention of the masses as such. The church held a little more remotely the same high place in the attention of the world. The faith of the people in the traditions of their favorite institutions is alone sufficient to cause them to be dealt with as great forces in our so-called civilized life. But institu-

tions grow old and decay. Educational systems flourish and fade. Remembering this, we should examine carefully for parts which have outgrown their usefulness. We should not hesitate to discard the outgrown. We should welcome the present and what it brings. Let us be able to forget as well as to remember.

(To be continued)

ANCIENT HISTORY OF THE LAW OF SIMILARS

By J. N. Majumdar, M. D., Calcutta, India

Although the history of homœopathy is of comparatively recent origin in India, the homœopathic system of treatment, or rather the law of similars, was not unknown to the ancient sages of India. Hahnemann gave credit to Hippocrates for the early mention of the law of similars, which is found in Littre's translation of his works. "Disease is produced by similars. And by similars, which the patient is made to take, he is restored from disease to health." But we find that the law—*similia similibus curentur*—Bishashya Bishamonshadham was known to the ancients in India.

In 1893, in Chicago, Dr. P. C. Majumdar, in an address before the World's Congress of Homœopathic Physicians, said :

There is a story in our books that on one occasion all the minor gods and goddesses were eager to become immortal, and for this purpose they were agitating the ocean to get Amrita, the principle of immortality. But instead of getting that, they procured Garal, the deadliest of poisons. Nobody ventured to accept it; Mohadwa came to their help; he turned that substance into Amrita by swallowing the poison, and became immortal. We homœopaths can find out a great deal of truth in it. Mohadwa took the poison into his healthy body—"proved" it, as we say—and reduced it into the life-giving principle of medicine. We presume, however crude and unreliable this story may be, that the law of homœopathy which the immortal Hahnemann set forth so recently was known to our ancient sages in India. This very principle of *similia similibus* was also embodied in one of our ancient medical works in the following passage, that "poison is the cure for poison."

This is not mere tradition. It was the practice of Hindu Sages. Depending upon this they used to give the cobra poison (*naja tripudians*) as a very efficient medicine for typhoid fever and other malignant disease. Purgative medicines were often given for diarrhea and like troubles.

Not only did they give medicines according to the law of similars, but they also employed medicines in very minute doses. They used to triturate these substances and give them in a dose so small that it could be covered by the head of a pin. They believed that by trituration the medicinal power of a drug was developed. So not only was the law of similars known to the ancient Hindu physicians, but it was actually practiced almost in the same way as we homœopaths do at the present time.

THE MONDAY EVENING WELCOME*

Dr. H. H. Baxter, Vice-President, presiding.

*Music by Krell's Orchestra and the Imperial Quartette.
Dancing.*

Foreword

By H. H. Baxter, of Cleveland

We were to have been honored by the presence of Mayor Thompson, but he has been unavoidably detained by important official business and cannot be present now, but will appear later to say a few words to us for the City of Chicago. We recognize Chicago as one of the most important centers of homœopathy in this country, and for that reason we are always glad to come to this city where we are always sure of a cordial welcome from the local brethren. I have the pleasure of presenting Dr. Clifford Mitchell, of Chicago, who has a few words to say for the medical profession of the Middle West.

Address of Welcome

By Clifford Mitchell, M. D., of Chicago

You are all aware that when a distinguished gathering like this takes place anywhere, it is customary to show the visitors the antiquities of the place—the oldest tomb, the oldest church, the oldest house, and the oldest inhabitant. Our worthy Secretary, Dr. Hobson, is greatly tried because our modern city is so lacking in antiquities, and as she has had it in her system for some time past that I am the oldest homœopathic instructor in Chicago, she has placed me on this platform here before you to-night as a hardy relic of the misty past for you to gaze upon

*The Monday Evening Address of President Miller was published in the **July JOURNAL**, pp. 6-13.

with awe. She has tried to crown me Dean of Instructors, but, like Caesar, I have thrice refused the crown, knowing as I do that the rightful heir to the flattering appellation is another Chicago doctor who is here with us to-night. As you can read this other doctor's biography on page 1257 of *Historical Sketches*, written by Dr. Gilbert FitzPatrick, that Plutarch of homœopathy, I need not call his name, but merely refer you to the fact that he began instructing the world on September 15, 1874, while I began my teaching not until April, 1878.

However, Dean or no Dean, I bid you welcome on the part of the homœopathic profession of Chicago to our climate, and to that justly celebrated summer resort, the Hotel Sherman. Let me welcome President Miller to a city where it has not rained for nearly four days. Let me welcome Dr. Norton and New Yorkers to a city where no one was ever asphyxiated in a subway. Let me welcome Dr. Carmichael and his friends from Philadelphia to a city with a river that is slower than the Schuylkill. If you come from Boston and are learned, welcome to the city in which George Ade rewrote the English language. If you come from Boston and believe in what is proper, let me welcome you to a city where no elevated railroad ever runs down underground. Wherever you come from, be it Behring's Straits, Milwaukee Avenue, or Omaha, "watch our smoke," best seen in day time from the top of this hotel.

Years and years ago, before Dr. Hinsdale discovered the tonsils at Niagara Falls, before, even, he discovered Columbus, I never thought to see the day when I could welcome anybody to Chicago. In the days when cows and pigs shared the sidewalk with the people, when live fish came through the hydrants in our drinking water, when every salt cellar was filled with quinine, when half the population bought patent cures for hemorrhoids, and the other half for ague, and when, saddest of all, Asiatic cholera straight from the holy well at Mecca killed more people in a day than there were coffins in which to bury them,—those were the days when neither I nor any one else really welcomed strangers to our city. But now, behold us drained, paved and modernized—the past a nightmare, the present a delight!

But yet, the Eastern doctors say, "It is too hot in Chicago." Hot in the Middle West, I will admit, but not always in Chicago. I've always thought that the most humorous sentences in all American literature with which I am familiar, are those

of Newell, in which he describes hot weather in the Middle West. "On that day it was *so* hot in the town that the oldest inhabitant boiled over from his house into the middle of the street, and made his regular annual remark that it was the hottest day in 99 years." So, welcome, Reily of Fulton, Parsons and Harris of St. Louis, and other doctors from the Valley of the Mississippi to God's country, where He tempereth the heat to the unshorn lamb, with cool Lake Michigan breezes. If, however, the weather happens to be too warm for you, all you have to do is to stroll across the massive arch which spans our restful river, and if you are a good homœopath you will surely find a frost on Dearborn avenue. On the other hand, if the weather is too cool, journey south to Englewood and preach the use of antitoxin to our homœopathic "bunch" out there, and they'll make it warm for you, believe me!

Apropos of welcoming strangers, Thackeray says, you will remember, that in olden times the true British welcome was, "Curse you! Who are *you*?"—but we in Chicago have more winning ways than our early English ancestors. We never curse the stranger, nor even ask him who he is, but always call him correctly by name as soon as he leaves his train, then sell him the Masonic Temple for far less money than it cost to build it.

But speaking in a more serious vein, let me say that it was my privilege not long since to witness a most beautiful pageant, acted by the boys and girls of the Normal Park High School of Chicago. One of the scenes was from Homer's *Odyssey*,—that famous scene of the welcome given Ulysses by the King of the Phæacians, described by Homer in these words: "Alcinous taking Ulysses by the hand raised him from the hearth and set him on a shining throne. And a handmaiden bringing water in a beautiful golden ewer, to wash in, poured it over a silver caldron; and near him she spread a polished table; and the aged housekeeper bringing food placed it near him, putting upon it many dainties gratifying him out of the means present, and the much enduring divine Ulysses drank and ate." It struck me as most sensible to teach the young folks, and the old ones too, not only what pictures Homer's words portray, but what sentiment there is in hospitality. We in Chicago are not Phæacians, and your humble servant is certainly no Alcinous, but such as we are we bid you cordial welcome to the city of D. S. Smith, of A. E. Small, of Reuben

Ludlam, of N. F. Cooke, of Woodyatt, of J. S. Mitchell, of the Beebes, of E. M. Hale, of Shears, of Lemuel Grosvenor, of Delamater, and of all those others who, when living, journeyed yearly to the Institute that Chicago might bear witness through them to what homœopathy had accomplished for humanity in this metropolis of the Middle West. Would that all those sturdy pioneers of homœopathy that I have named were here tonight to welcome you, as I know they would, to this hall and to this meeting. Though we follow not the custom of the Japanese in worshipping our ancestors, let us not forget entirely the respect we owe to our homœopathic forefathers. They have left us a legacy of duty, and that duty is to keep the weeds of neglect from crowding out the homœopathic flowers from the garden of our practice.

I welcome you, therefore, tonight, not only as friends and brethren, but because I know, and because I see from the titles on the program, that you are here to organize and to modernize homœopathy, which, in short, means to perpetuate it. Times change, and we must of necessity recognize the times, change with the times, and advance with the times, that is, if we are to live with the times.

Response

By Vice-President Mary E. Mosher, of Boston

Many years ago I went to an entertainment, and a man on being asked to speak came forward and said, "I am glad to be here, to-night, ladies and gentlemen. I am very glad to be here to-night, and the reason I am glad to be here to-night is because I am glad to be here to-night. I repeat again and again, I am glad to be here to-night." And before he got through he was the only one who was glad he was there that night. So, while I feel as he did, I refrain from commencing that way. However, this is one of the proudest moments of my life, as an officer of the American Institute of Homœopathy. America and Homœopathy.—each, one of the greatest benefactors of mankind in the world, and together they cannot be beaten. So it is with the greatest pleasure that I accept in behalf of this great organization this welcome which is given to us at this convention. And what a world of meaning there is in the word "Welcome." Why, the dictionary could use a whole page and not give its full meaning.

While in dispensary work a great many years ago, I brought

a new baby to a young couple whom the world called poor, but they were very much in love with each other, and the arrival of the new baby seemed to complete their happiness. When I made my evening visit, the husband and father responded to my rap, opened the door, and when he saw me he put so much expression into his face and voice as he said, "You are welcome, Miss, you are welcome." After that, all of my visits were evening visits just to get that greeting. He said nothing more the whole ten minutes, except "You are welcome, Miss, you are welcome." I am thinking of Admiral Dewey's welcome. New York harbor ablaze with lights, guns booming, bands playing, colors flying, all enthusiasm, crying aloud, "Welcome! Welcome!" Here we are in the midst of all this modern luxury, in the very latest thing in hotels, with a welcome from this wonderful city of Chicago, in all this beautiful flowery language, and yet it all means, "You are welcome, Miss, you are welcome!"

They warned us not to make long speeches. They said, "Be short. Be short." If you are too short you look fat, and so I compromised and said I would be just short enough not to look stout. My time is up, but I am going to steal a minute as they all do, just to ask you all to show your appreciation of this welcome by making the social hour which follows a great success.

Walk right up and say "Hullo."

Say "Hullo" and "How d'ye do?"

How's the world a usin' you?"

Don't wait for the crowd to go.

Walk right up and say "Hullo."

Then the souls you've cheered will know

Who ye be, an' say "Hullo."

[The applause was so continuous and prolonged that Dr. Mosher tried to restore quiet by the following story:]

Dr. Mitchell said something about "the elevated running down stairs." We did have a man come from the country into the city one day, and he said to a man whom he met, "Can you tell me where to get an elevated?" The city man said, "Sure. Go down two flights." I'm from Boston, but I know we don't go down stairs to get elevated. We, however, are justly proud that we are from Boston. There was an old lady riding near Boston, and she saw a white marker which said "I-M From Boston." She thought it was a tombstone, and she looked at it and said, "'I'm from Boston.' How simple, and yet how all-sufficient!"

THE JOURNAL

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SARAH M. HOBSON, Ph. B., M. D. EDITOR

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EDITORIAL

Constructive Work in the Management of the Institute. This issue of the JOURNAL presents in full the business minutes of the June session. The member now has before him the material out of which to construct an improved working organization. President Miller's two addresses with recommendations are published in the July JOURNAL; the report of all committees on amendments or revision is published in the August JOURNAL in parallel columns with the existing constitution and by-laws, that they may be studied as critically as possible. The discussions thereon are printed in full in this issue for the express purpose of deliberation during the year and expedition of business at the 1916 session.

One is continually reminded of a paragraph in Ross' Social Psychology:

In a real deliberative assembly there is a possibility that the best thought, the soundest opinion, the shrewdest plan advanced from any quarter will prevail. Where there is cool discussion and leisurely reflection, ideas struggle with one another, and the fittest are accepted by all. In the fugitive, structureless crowd, however, there can be no fruitful debate. Under a wise leader, the crowd may act sagaciously. But there is no guarantee that

the master of the crowd shall be wiser than his followers. The man of biggest voice, or wildest language, the aggressive person who first leaps upon a table, raises aloft a symbol, or utters a catching phrase, is likely to become the bell-wether.

The business session of the Institute usually calls together from two to three hundred of the members in attendance. This is sometimes "a fugitive, structureless crowd," because only a few have informed themselves of the business in hand. It need not be "fugitive" or "structureless." Three hundred is small enough a group to be a "real deliberative assembly," where "the best thought, the soundest opinion, the shrewdest plan advanced from any quarter will prevail."

The proposed plan of giving executive authority to a small board of control is practically what is done now by the President in council with the chairman of the finance committee and the chairman of the Journal committee, the two most important committees of the board of trustees. The weakness of the present plan is that the tenure of responsibility is too short to carry out any well-defined plan of activity. The fundamental principle of the new proposition is the principle of commission form of government, a small executive body, continuance of responsibility proportionate to efficiency of service, and a free hand so long as the results are satisfactory to the power-bestowing body.

The department of Correspondence is open to comment and suggestion, limited only by the usual rules of good journalism, space limitation and tolerance for the other man's opinion. *S. M. H.*

The Homœopathic and Eclectic Schools. The nearer that a religious denomination or a school of medicine approximates the representation of a whole truth in theology or medicine, the less narrow and sectarian is its character, and the greater is the justification for its continued existence.

Other things being equal, a broad, general proposition is a better platform for an organization than its limitation to some particular dogma or doctrine. In this case, "other things

being equal" means that there would be absolutely no limitations to the freedom to employ or to promulgate the special dogma or doctrine.

There is such a broad general proposition that can be truly asserted in relation to both the Homœopathic and Eclectic Schools, viz.: that they are both schools of positive drug therapeutics. Why could they not be united on this platform as the School of Positive Drug Therapeutics? They are natural allies and are the foes of medical nihilism. United under such a banner there would be perfect therapeutic freedom for all and a broader outlook than at present exists for either school. The homœopathists would have at least seven thousand more physicians before whom to place the truths of the law of similars. The eclectic would have at least ten thousand more physicians before whom to place the results of his experience.

Those eclectic physicians whose present environment prevents the free assertion of their belief that the ordinary use of their remedies (four to eight drops of the tincture or specific medicine in four ounces of water) is in most instances according to the homœopathic principle, would not suffer by being called homœopathists and those adherents of the homœopathic school who have developed a mysterious border-land therapeutics through combining two or three triturerated remedies in one tablet would be free to give the results of this kind of medication.

In addition to such advantages there would be those incident to the greater ability to resist encroachments from without, such as the weaning away of members of either school in localities where their numbers are small but where united they would have more courage—better ability to oppose obnoxious medical legislation—more strength to secure full rights under existing medical laws such as those relating to Medical Examining Boards, etc.

For the above and even other reasons that might be elaborated, the President of the American Institute of Homœopathy in his address at Pittsburgh in 1912 recommended the appointment of a committee on Conference with the National Eclectic Medical As-

sociation and such a committee was appointed. In furtherance of the same object he wrote a paper entitled "Union of the Homœopathic and Eclectic Schools" in the (July) *New England Medical Gazette*. This article has been reprinted verbatim in the (August) *Eclectic Medical Journal* with editorial comments and the same number contains an article entitled "How About a Coalition?" by Herbert T. Webster, M. D. In his paper Dr. Webster forcibly calls attention to the great numbers and wealth (Rockefeller and Carnegie interests) of the old school and the apathy of our own members all combining "to throw a somber shade upon the future of Eclectic and Homœopathic Medicine"; and he asks, "Cannot a better fight be made by union, and would it not be better to go down, if we must, in a spirited alliance than singly, if our interests must be wiped out?" After devoting some space to a comparison of Homœopathic and Eclectic methods, Dr. Webster concluded by stating that, when at the last meeting of their national society at San Francisco Dr. Miller, President of the American Institute of Homœopathy, addressed them and expressed an emphatic opinion that the two schools ought to unite, "no dissenting voice was heard." As Dr. Webster well says, "Doubtless many on both sides would object, but it occurs to the present writer that a harmonious junction might be made and that we need not suffer by the change, even if we abandoned the name under which we have rallied so long." T. H. C.

Gift from the Seniors. The ready response from many Seniors a year ago in response to the question, "What has the Institute meant to you?" revealed a fraternity of sentiment which is the exclusive possession of a comparatively small organization. Without some such feeling of loyalty, no member would take the pains to gather up and despatch a box of books in response to a simple request on the magazine page. Eighteen months ago, the JOURNAL office possessed four volumes of Transactions, all of recent date. Now, as enumerated under Announcements, through the generosity of three Seniors, the editor's office has a file, lacking only two years, 1846 and 1857.

Every town of five thousand or more should have the nucleus of a medical library. Here is an opportunity for the younger members to start such a library and for the Seniors, as they retire from practice and break up their working equipment, to place their books, which carry historical record, in a better place than with the junk man. *S. M. H.*

Dr. Lewis Sherman. In the death of Dr. Lewis Sherman the Pharmacopœia Committee sustains a special loss, as he had been a member almost continuously since 1888, when he was elected editor of the Pharmacopœia by the committee of pharmacists and physicians, who were appointed by the Institute to prepare such a standard work. The efficient aid which he rendered in the preparation of the work and his enthusiastic efforts to place our pharmaceutic preparations upon the highest possible plane of efficiency will ever be a cause for grateful remembrance. In the late revision of the Pharmacopœia, while unable to attend the meetings of the Committee, he rendered valuable aid through his suggestions and corrections. His classical knowledge was extensive and was freely drawn upon by the Committee, and his knowledge of the Pharmacy of Homœopathy enabled us to profit in many instances through his suggestions. Quiet and unassuming, as becomes a cultivated gentleman, his statements always bore the impress of the careful thinker and commanded respectful attention. His passing makes another break in the ranks of those whose knowledge of the fundamental necessities of the Homœopathic School, has been the incentive for their active and continuous interest in its welfare. *T. H. C.*

ANNOUNCEMENTS

The Inglorious Consequences of Being on Time By the Editor

Over the telephone came the good news that the August JOURNAL would be ready for the Post Office July 28th. Lest the JOURNAL office be set up with pride, inside of twenty-four hours came an S. O. S. message from St. Louis. HOLD WOOD STORY OPEN. OMITTED IMPORTANT PART. SPECIAL DELIVERY. PARSONS.

But it was too late for the insertion of this page of the report, which was so unfortunately mislaid.

The man who so cleverly threw up his job on the Inter-collegiate Committee last year will accept with equal good grace this apology from the Press and the JOURNAL. Dr. Walton carries a "steel-nerved" mind as well as hand.

And the wonderful voice of "Chief Caupolican," with the happy interspersing of such music, was the distinctive feature of the dinner.

Music and Verse at the Wood Dinner

By Scott Parsons

To further entertain the party, the resourceful Dr. Burton Haseltine sprung a surprise by introducing a friend and acquaintance, Chief Caupolican, a highly educated Chilean Indian.

The chief had traveled far and wide; spoke six or seven languages and, in addition to his other accomplishments, possessed a grand operatic voice cultivated by the masters of Italy and France.

The rendition of his musical numbers were of the highest artistic merit.

A small card was presented to each one present, containing a portrait of the chief and the following inscription:

"Little Chief Haseltine of the Pottowatomies introduces his friend, Chief Caupolican of the Arancanos, who has come from Chili to sing in honor of the great medicine man of the Ohios. These tribes were formerly at war, but the chiefs are now smoking the cigarette of peace together."

No party is complete without a word from the "Poet from Ohio," when that gentleman is present. In response to a call

from the toastmaster, Dr. Charles E. Walton recited a recent contribution from his facile pen entitled:

THE SURGEON

All hail to him who stands with steel-nerved hand
 And deftly thwarts with keen-edged blade the thrusts
 That Death, man's tireless foe, with dire intent
 Drives fiercely at the citadel of life.
 Armed cap-a-pie they stand, and each resolved
 Upon a royal victory, they clash
 As did the knights of old who sought to win
 In combat fierce the favor of a smile
 From some fair princess who lured them with a
 Nod to put their valiant efforts forth. The
 Laurels that the surgeon wins are no less
 Earned than those which deck the poet's brow, and
 No more earned than those deserved by him who,
 By the skillful use of Physic's power, his
 Patient's health conserves. Not mechanician's
 Skill alone is his, but judgment ripened
 In the school of rare experience. This
 Tribute to his well-earned fame we pay, and
 Wish for him the joys of warmest friendship.

Minnesota Institute of Homœopathy

Ralph St. J. Perry, Secretary

The annual meeting of the Minnesota Institute of Homœopathy will be held in St. Paul, Minn., Monday and Tuesday, Sept. 27-28, 1915, under the presidency of Dr. A. F. Goodrich. Dr. H. O. Skinner of St. Paul is secretary and Dr. H. M. Lufkin is chairman of the local committee of arrangements. Monday will be surgical day with a clinic at the City and County Hospital; Tuesday will be medical day and the program is in charge of Dr. W. C. Roberts of Owatonna. Prof. Frank Wieland of Chicago will be the "orating guest" of the Institute. Monday evening will be devoted to social features and Tuesday evening to a stereopticon lecture on the newer phases of vaccines and opsonins. All homœopathic physicians of the Northwest are invited to be present.

On to Buena Vista

By Ralph Bernstein, M. D.

All is ready for the coming meeting of the Homœopathic Medical Society of the state of Pennsylvania, to be held at Buena Vista Springs Hotel, September 7, 8 and 9.

Buena Vista is correctly termed. The view from the hotel across the Cumberland Valley is indeed a beautiful one and far surpasses anything the State Society members have ever had an opportunity of gazing upon at any of their annual meetings. The arrangements at the hotel are in every way ideal. The rooms are all comfortable and all have a splendid outlook, some with and some without baths. The cuisine is all that is to be desired. It is the nature of Mr. Ford, the manager, to be perfectly willing and anxious to want to please. The rates are three dollars a day without bath and three fifty a day with bath. The roads are good and the scenes through the mountains are beautiful.

Buena Vista Springs is in Franklin County, about seventeen miles below Gettysburg and about the same distance above Hagerstown, Md. Philadelphia members can best reach Buena Vista Springs by way of Baltimore, making close connections, north and northeast members of the state by way of Harrisburg and western members direct from Pittsburgh by way of the Western Maryland Railway. Automobilists will find the roads fairly good, in some places unusually good, and those from Philadelphia and vicinity will find the best roads by way of Lancaster, Columbia, Wrightsville, York and Gettysburg. The road from York to Gettysburg is in an unusually good condition. The seventeen miles from Gettysburg to Buena Vista Springs by way of Fountaindale is in fairly good shape. North and northeast members can best reach the Springs by automobile by way of Reading, Lebanon, and Harrisburg and central and western automobilists by way of Bedford, McConnellsburg, Mercersburg and Waynesboro. Automobile map and further information will be mailed you later.

Buena Vista Springs Hotel is located in the heart of the Blue Ridge Mountains at an elevation of about two thousand feet above the sea level in the midst of foliage, flowers, fruit and a genial climate. Here nature and the world have combined to make a veritable bit of Paradise. The hotel resting upon a foundation of rock is a most interesting type of French renaissance. There is an absolute freedom from insects. The nights are invariably cool, insuring restful sleep.

There are golf links and tennis courts and a well-managed livery and garage.

Historic Gettysburg is seventeen miles away by pike. A trip for the ladies by automobile is being planned. Trips by trolley may be made to Greencastle, Waynesboro and Chambersburg.

The scientific program is completed and promises one of the

best ever presented. The papers will be short and few for each bureau.

The State Society needs new members. Of course the strength of any organization is always measured by the number on its membership roll. Dr. N. W. Hammond, 313 Weightman Building, Philadelphia, is chairman of the membership committee.

The members of the State Homœopathic Medical Society of Maryland have been invited to attend this meeting. It is hoped that a number of our Southern colleagues will be with us. They need our stimulation and we need theirs. There is a broad field for Homœopathy in the South. Come out and meet your Southern Homœopathic brethren.

Our State Society president, Dr. B. F. Books, has an interesting annual report to make. He has worked hard during the past year and deserves hearty and cordial support for the work he has done. The least appreciation we can show him is by being present at the meeting. Arrange for your vacation now.

Transactions of the Institute—Received and Wanted

Dr. Dwight B. Hunt of Otego, N. Y., has sent to the JOURNAL office twelve volumes of Transactions, between the years 1866 and 1897. This contribution, together with the gifts already announced from Dr. T. Franklin Smith and Dr. Samuel Hedges, has added to the file in the JOURNAL office, so that the following only are missing: Transactions of the years 1846 and 1857. Express charges will be paid gladly upon these volumes.

While there is much in these volumes of interest chiefly to the historical student and the antiquarian, there are also many papers of intrinsic value, in spite of the scientific advances of the years. One enthusiastic member of the Institute has volunteered to search the records for the most notable papers on homœopathic therapeutics which shall have stood the test of time. Other volunteers will be welcomed by the Editor. Sometime there may be money in the JOURNAL treasury to put these papers forth in reprint, in such compact form as to win a place on the crowded book shelves of a flat-dwelling, office-by-the-square-inch age.

In these gifts to the JOURNAL library, there are the following duplicates: Transactions of 1866, 1871, 1872, 1874 to 1879 inclusive, 1882, 1897, 1905. Any of these will be sent to a

member wishing to complete files, express charges to be paid by the member.

The library of every medical college should have a complete file. Such also should be in the possession of every medical library. The New York State Library, the Library of the Medical Department of the University of Illinois, and some individual members are seeking to complete their files. Therefore members knowing of volumes to be disposed of are invited to communicate with the office of the JOURNAL. No one is paying money for these volumes, but they are willing to pay express charges.

GENERAL NEWS

California. Dr. Hobart, an Institute member who not only makes a success of his particular business in keeping the Horlick products before the profession, but also has time to say a good word for other people, has returned from the Pacific coast. He reports the California profession enthusiastic over the Fair, which "they can well afford to be," and also dispensing their customary prodigal hospitality.

The news item from California in the August JOURNAL associated the name of Mr. E. W. Runyon with the firm of Boericke & Tafel. It should have been, of course, Boericke & Runyon of New York and Philadelphia.

Illinois. A brief financial report from the treasurer of the local committee on arrangements for the 1915 session carries the following cheerful statement: "The enclosed check is your proportion of the \$627.75 refund." When Dr. Street accepted the treasurership, and presented his request for subscriptions, the Illinois Homœopathic Medical Association promptly subscribed \$150.00. The After Dinner Club sent in a check for \$25.00. The Chicago Homœopathic Medical Society replied, "We will help make up the deficit." The doughty treasurer retorted, in the spirit of the boy who was asked for the core of his apple, "There ain't goin' to be no deficit." Of the \$1,445.00 received for the local entertainment of the Institute, \$627.75 were returned *pro rata* to members subscribing five dollars or more.

The recent ruling of the State Board of Administration of Public Institutions, that the minimum wages for men and women will be the same for the same class of work, will be approved by the medical profession. No one knows better than the physiologist that conservation of energy is a matter of individual self-control, rather than a ruling of sex organization. Other advance rulings were: One day of rest in seven; wages advanced automatically with length of service;

change from night to day service to be made each week, instead of monthly.

Dr. William Franklin, A. I. H., 1889, of Chicago, is taking a year's leave of absence from medical work. After a few weeks in Michigan, he will go to the Pacific coast, and thence to Arizona for the winter.

Dr. H. R. Schofield reports the total number of patients during July at the Dispensary at Hahnemann College, 1,603: old patients, 1,082; new patients, 521. They are distributed as follows: Medical, 246 old, 88 new; Surgical, 119 old, 86 new; Gynecology, 114 old, 47 new; Pediatrics, 89 old, 51 new; Nervous, 65 old, 15 new; Eye and Ear, 266 old, 133 new; Nose and Throat, 74 old, 62 new; Venereal, 19 old, 9 new; Skin, 90 old, 30 new.

Iowa. Dr. George Mosby, formerly of Waukon, has made application to the State Board of Medical Examiners of California. His future specialty will be eye, ear, nose and throat.

The Royal family of Des Moines has added another member to the medical fraternity, Paul A. Royal, a June, 1915, graduate of the College of Homœopathic Medicine, State University of Iowa. Paul A. Royal and Lester A. Royal joined the Institute this year, endorsed by George Royal and Malcolm A. Royal. *Vive les Royals!*

Massachusetts. For the benefit of those who contributed to the fund raised during the Institute meeting in Chicago, to be sent to our homœopathic representatives in the war zone, Dr. John P. Sutherland reports that a draft of \$100.00 has been sent to Dr. Burford, to be used for the French hospitals in any way to forward the interests of homœopathy. Another draft of \$50.00 was sent to Dr. Petrie Hoyle, to be used in the purchase of homœopathic medicines, or in forwarding his work in Melun. Dr. Sutherland adds: "In retrospect, it seems to me the Institute meeting was a decided success. There was an enthusiasm and confidence exhibited that was encouraging, and I came away with a decidedly optimistic spirit. The amount of work accomplished during the short week was surprisingly large, and I think we have every reason for considering the meeting a distinct success."

The 1915 class of Boston University School of Medicine presented to the School, as their class gift, a portrait of the Dean. During the year, the productive resources of the School have been increased by one hundred thousand dollars. Half of this has been secured through the alumni endowment efforts, to which the trustees added an equal amount. The enlarged facilities in clinical work have attracted a fine group of students.

Michigan. Dr. Hinsdale has been elected president of the Board of Trustees of the State Sanatorium for Tuberculosis.

The last Legislature has voted an appropriation of \$12,000.00 for the construction of a Children's Department somewhere on the institution's 287-acre farm. The plans of the trustees include not only suitable quarters and treatment for tubercular children, but vocational training.

Over thirty alumni of the Homœopathic Medical College, University of Michigan, were present at the recent Institute meeting in Chicago, and met at luncheon on June 30th. The speakers were: Drs. D. A. McLachlan and R. H. Stevens, Detroit; J. C. Wood, Cleveland; R. S. Copeland, New York; A. L. Smethers, Anderson, S. C.; D. W. Myers, Ann Arbor, and T. Bacmeister, Chicago.

Dr. William Gramley has completed his internship in the Metropolitan Hospital, New York, and has located in Detroit.

Dr. B. J. Sanford has transferred his practice in Toledo, Ohio, to Dr. J. E. True, and is associated with his father, F. C. Sanford, in Clare, Mich.

Missouri. During the summer, medical activities have been quiescent. But with the fall, the active campaign in behalf of the Kansas City Hospital and Medical School will be resumed.

Dr. Theresa J. Walo has given up her Florida experiment and taken an office at 3314 S. Grand Ave., St. Louis.

New Hampshire. Dr. H. M. Wiggim and Dr. Charles W. Adams of Franklin have been appointed by the Governor upon the state board of medical examiners.

At the recent state meeting, Dr. H. W. Nowell of Boston presented a paper on Cancer Research, and Dr. Edwin Smith of the Massachusetts Homœopathic Hospital presented his results on "Scopolamin-Narcophin Anesthesia." Dr. Smith contends that the darkened room is not necessary, and that the method is practicable in private as well as in hospital practice.

The officers were re-elected and the meeting closed with a banquet at Laconia Tavern. The 1916 meeting will be held at the same place the first Wednesday in June.

New Jersey. The retiring secretary of the State Society reports the following list of new members: Drs. Horace B. Dean, Audubon; L. E. Davies, Matawan; Elwood Downs, Mullice Hill; A. S. Ironside, Camden; W. D. Rowland and Edith Taft Morehouse, Asbury Park; Everett O. Tyler, Orange; E. A. Norris, Manasquan; Albertos M. K. Maldeis, Frank F. Moore and William G. Shemely, Camden.

Ohio. The Ohio State Board of Health established a department for the study of Child Hygiene on July 1st, 1915.

At a recent meeting of the Board 140 physicians were granted licenses; 19 graduates of the Eclectic Medical Col-

lege passed the examinations with an average of 83.07 per cent; 19 graduates of the Ohio-Miami, 82.02 per cent; 18 graduates of the Columbus Homœopathic, 82.05 per cent.

Dr. Robert Houser of Cleveland announces removal of his office and residence to 3927 Lorain Ave. Dr. Houser, rich in linguistic lore, thus invites his clientele: "Man spricht Deutsch," "On parle Français," "Si parlo Italiano."

Dr. and Mrs. James C. Wood made their vacation a motor trip to the Atlantic coast.

Pennsylvania. Philadelphia was represented at the recent meeting of the American Institute of Homœopathy by Drs. Ashcraft, Barker, Baker, Carmichael, MacFarland, McKenzie, Nesbit and Pearson. The meetings were very well attended and were successful in every particular. Among the interesting information presented at the meetings the following may be mentioned because of the relation to college affairs:

The department of Materia Medica, of the Hahnemann Medical College of Philadelphia had planned to introduce laboratory instruction in Homœopathic Therapeutics next year, and were able to report such plan at the meeting of the Deans.

A meeting of the Staffs of the West Philadelphia General Homœopathic Hospital and Dispensary was held at the hospital July 27 for general conference.

Dr. C. S. Raue announces the removal of his office to 1431 Spruce street, Philadelphia, Pa.

CHANGES OF ADDRESS*

From Membership List in JOURNAL, November, 1914.

Moved to

Allen, Sara J.....	Charlotte, Mich.
Bascom, Henry M.....	58 Mayer Bldg., Peoria, Ill.
Bennett, D. Gates.....	107 3d Ave., San Francisco, Calif.
Bevington, Harry G.....	472 Field St., Detroit, Mich.
Ciegotura, A. F.....	3850 E. 65th St., Cleveland, O.
Compton, George W.....	2022 Logan Ave., San Diego, Calif.
Fleek, Bernice A.....	170 Main St., Ashtabula, Ohio.
Goldsmith, Alfred E.....	393 Fidelity Bldg., Tacoma, Wash.
Harvey, Clifford D.....	5 Babcock St., Brookline, Mass.
Heym, Jr., Rudolph.....	854 Parkwood Drive, Cleveland, Ohio.
Houser, Robert.....	3927 Lorain Ave., Cleveland, Ohio
Maxwell, Earl B.....	Van Buren, Ohio.
McNerney, N. H.....	Corning, Ohio.
Miller, Theo. E.....	Hotel Sherman, Chicago, Ill.
Montague, Wm. C.....	312-314 A. T. Bldg., Evansville, Ind.
Rankin, Egbert G.....	175 W. 58th St., New York, N. Y.
Smith, Frank A.....	Thorndale & Broadway, Chicago, Ill.
Spaulding, Marion F.....	Box 412, Cohasset, Mass.
Stansbury, Frank R.....	3062 Madison Rd., Cincinnati, Ohio.
Strong, Edwin R.....	Plainville, Ill.
Walo, Theresa J.....	3314 S. Grand Ave., St. Louis, Mo.

*Subscribers are requested to send a prompt notice of prospective change of address.

OBITUARY

What has it all been for? For the knowledge that makes life richer, for the friendship that makes life sweeter; for the training that brings power.—Briggs.

Lewis Sherman, one of the pioneers in homœopathic practice in Wisconsin, died in Milwaukee July 2, 1915, after an illness of four months. Dr. Sherman was born in Vermont seventy-one years ago. He was a graduate of Union College, Schenectady, N. Y., and received his medical degree from the Medical College of the University of New York in 1870. The precision of pharmacy and the need of accurate pharmaceutical preparations made a strong appeal to Dr. Sherman. He owned a pharmacy in Milwaukee, and for many years was a member of the Committee on Pharmacopœia of the Institute. He has been a member of the Institute since 1875. He was generally present at the sessions and his face was missed this year. He was an active member also of his state society.

Ziba D. Walter, of Marietta, Ohio, another Senior in the Institute, died in Philadelphia, July 19, 1915. Born in Kennett Sq., Pennsylvania, in 1841, of Quaker parentage, educated in West Town College and by teaching in the same institution, graduated from Hahnemann of Philadelphia in 1866, he was well equipped in 1866 when he went to Marietta for medical practice. He had been a member of the Institute since 1872. During the later years he had been associated in practice with his daughter, Dr. Helen Curtis. Dr. Walter was more than a physician. He was a valued member of the community. The following tribute was given in the local press:

Dr. Walter was unquestionably one of Marietta's most remarkable men. Versatile, broad-minded, progressive and up to date in all things, even during the last days of his long and useful life, highly educated in practical as well as theoretical knowledge, and a thoroughly efficient physician, Dr. Walter was a man whose position in Marietta's society and affairs will never be re-filled. With all his remarkable fund of knowledge in all branches of science, including higher mathematics, botany, electricity and chemistry, he was a physician who commanded the respect of all the co-workers in his profession in this vicinity, and his large practice testified to the high regard in which he was held by the citizens of Marietta.

George P. Sword, died June, 1915. Graduated from New York Homœopathic Medical College, 1889. Dr. Sword had a large practice in Huntington, Long Island. A member of the Institute since 1900.

George M. Dillow, New York City. Died July 13, 1915. Dr. Dillow was graduated from the College of Physicians and Surgeons in 1875. He was at one time editor of the *North American Journal of Homœopathy* and a member of the faculty of the New York Homœopathic College. A member of the Institute since 1883.

Benjamin C. Woodbury, of Patten, Me., died June 8, 1915. Dr. Woodbury was born in Buckfield, Me., in 1836. He was graduated from Hahnemann, in Philadelphia, in 1866. Dr. Woodbury's loyalty to homœopathic therapeutics is continued by his son, Dr. Benjamin, of Portsmouth, N. H.

Standley G. Small, Canonsburg, Pa., 1874—Santa Fe, New Mexico, June 19, 1915. Dr. Small was graduated from Cleveland Homœopathic Medical College in 1898. He joined the Institute in 1900, practiced medicine for twelve years in Pittsburg and five years in Santa Fe.

A. J.

Winfield Scott Smith, died in Boston, December 16, 1914. Dr. Smith was graduated from Boston University in 1883, and served continuously thereafter on the faculty of the College. His sturdy insistence of precision of anatomical landmarks lingers as a memory of his good teaching. A member of the Institute since 1894.

M. F. McC.

Ida M. Wright, died at her home in Evanston, Ill., June 30, 1915, after a long illness full of great suffering. Dr. Wright was one of the younger women of the profession, but years of success and of grateful appreciation had already come to her. She was graduated from Hahnemann Medical College in Chicago and, because of her preparedness and her gracious personality, became at once a physician of exceptional reputation and influence. Dr. Wright was a member of city, state and national homœopathic medical societies, and taught with marked success in the chemical and gynecological departments of Hahnemann College. She was always earnest, honest, and altogether admirable, and the medical profession may well mourn. Dr. James M. Wright, her husband, has the sympathy of many friends.

M. E. H.

Israel B. Chantler. Died in Sewickley, Pa., June, 1915. Born in Scaronburg, Pa., graduated from Hahnemann, in Philadelphia, 1873; practiced in Allegheny and Sewickley for 41 years. Member of the Institute since 1912.

William G. Hartley, New York City, died "previous to June, 1915." A member of the Institute since 1901.

James A. Bennett, New York City. Died July 12, 1915. A member of the Institute since 1881.

Phillippina Wagner, Carson City, Nevada. April 12, 1842-February 17, 1915. Graduated from Hahnemann Medical College of the Pacific in 1889. Joined the Institute in 1893.

SOCIETY PROGRAMS

THE SOUTH EASTERN OHIO MEDICAL SOCIETY

July 29, 1915, at Columbus

President's Address.....	H. L. Wells, Cambridge
Obstetrical Remarks.....	L. A. Jackson, Columbus
Acute Nephritis.....	U. Z. Junkermann, Democracy
Some Clinical Cases.....	C. L. Ireland, Columbus
Paper.....	G. E. Arndt, Mt. Vernon

THE SCHUYLKILL COUNTY HOMŒOPATHIC MEDICAL SOCIETY

July 29, 1915, Pottsville, Pa.

Twilight Sleep.....	J. E. James, Philadelphia
Surgery of the Gall Bladder.....	G. A. Van Lennep, Philadelphia
Diseases of the Duodenum.....	H. C. Bickley, Philadelphia
Address.....	B. F. Books, Altoona

BOOK REVIEWS

The Clinical Anatomy of the Gastro-Intestinal Tract. By T. Wingate Todd, M.B., Ch.B., F.R.C.S. (Eng.), Henry Willson Payne, Professor of Anatomy in the Western Reserve University, Cleveland, Ohio; late Lecturer in Anatomy, University of Manchester. 32 radiogram illustrations. 12mo, 264 pages. Cloth, \$1.75 net. Manchester-University Press-Publishers Longmans, Green & Co., London, New York, Bombay, etc. 1915.

Professor Todd, in this brochure, brings up to date our knowledge concerning the alimentary canal, as his book is an outline of the most recent research work in that department. His discussions are extremely interesting and readable, giving facts concerning the various organs which the surgeon as well as the internal medicine man should know. It is a valuable addition to literature on the subject. J. R. H.

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M.D., F.R.S., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, M.D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each. Volume V., Diseases of the Nervous System; Diseases of the Locomotor

System. Just ready. Price per volume, cloth, \$5.00, net; half morocco, \$7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

In Volume V diseases of the nervous system are presented. The array of names and the service already rendered the

profession guarantee this book of present-day practice: Barker of Johns Hopkins; Bramwell, Edinburgh; Burr, University of Pennsylvania; Buzzard, London; Clark, New York; Collins, New York; Cushing, Harvard; Dock, Washington University; Emerson, Indiana University; Gordon M. Holmes, London; Jelliffe, New York; McCarthy, University of Pennsylvania; McCrae, Jefferson Medical College; Russel, McGill University; Sachs, New York; Southard, Harvard; Spiller, University of Pennsylvania; Steiner, Hartford; Taylor, Harvard; Thomas, Johns Hopkins.

Modern Aspects of the Circulation in Health and Disease. By Carl J. Wiggers, M.D., Assistant Professor of Physiology in Cornell University Medical College. Octavo, 378 pages, illustrated with 104 engravings. Cloth, \$3.75, net. Lea & Febiger, Publishers, Philadelphia and New York. 1915.

Here is a book of distinct value in presenting a study of the status of the world's knowledge of circulation. The author bases his work upon his own study covering a period of eleven years, and adds thereto the findings of other workers in the same field. Accurate observation is correlated with correct interpretation. The work of the laboratory is checked up with bedside (clinical) findings.

S. M. H.

A Text Book of Chemistry and Chemical Urinalysis for Nurses. By Harold L. Amoss, S.B., S.M., M.D., Dr. P. H., formerly Chemist, Hygienic Laboratory, U. S. Public Health Service; Physiological Chemist, U. S. Bureau of Chemistry; Instructor in Physiological Chemistry, George Washington University Medical School; Assistant in Preventive Medicine, Harvard Medical School. 12mo, 268 pages. Cloth, \$1.50, net. Lea & Febiger, Publishers. Philadelphia and New York. 1915.

A handbook for nurses, the most valuable of whose contents is the section on food and their preparation. This, like other textbooks for nurses, errs in making too little differentiation between the instruction given to nurses and medical students.

S. M. H.

Report of the Daily News Sanitarium Season of 1914. The plans for building a new pavilion are still deferred. This is one of the best philanthropies in the city of Chicago, in simplicity of operation and freedom from red tape of institutionalism.

AMERICAN INSTITUTE OF HOMŒOPATHY*

Business Session, June 28—July 3, 1915

Monday, June 28,

The seventy-first annual session of the American Institute of Homœopathy was called to order by President Byron E. Miller at Hotel Sherman, Chicago, Monday morning, at nine o'clock, June 28th, 1915.

President Miller: I now declare the seventy-first session of the American Institute of Homœopathy open and ready for the transaction of business.

The Business Address of the President was then read* (Vice-President Harris H. Baxter presiding).

Dr. Baxter: In accordance with the established custom the President's address will be referred to a special committee. I appoint Drs. W. B. Hinsdale of Ann Arbor, H. A. Whitmarsh of Providence, R. I., and A. H. Gordon of Chicago as that committee.

(President Miller resumes the chair.)

President Miller: The first on the program is the adoption of the order of business. What is your pleasure?

Dr. Krauss: Mr. President, I do not wish to disturb the order of business, but there is a very important matter of business before this Institute, and that is action on the amendment to Article I, of the Constitution. In order, therefore, not to disturb the adoption of the order of business, I move you, sir, that the American Institute of Homœopathy sit as a committee of the whole on Tuesday, and if necessary on Wednesday and Thursday, between 8 and 9 a. m., until it has considered the subject of the report of the committee on Article I, and is ready to rise and report conclusions and recommend action on Thursday, the time set on the program for the report.

Dr. Wilms: Seconded.

President Miller: You have heard the motion made by Dr. Krauss and seconded. Are there any remarks?

Dr. Sutherland: The report of this committee has been published in the JOURNAL, the members are well acquainted with it, and I see no reason why we should take more than five or ten minutes for the disposal of that question. I see no reason for modifying the routine business of the Institute.

*JOUR. AMER. INST. HOM., July, 1915, pp. 1-5.

Dr. Horner: While the committee on revision of the Constitution and By-laws realize that the amendment offered by Dr. Krauss is separate and distinct from its report and work, the committee is hoping to present a supplemental report which will provide for the amendments which are offered in brief, without requiring the time for separate action, or taking each one separately. It seems to me, sir, that it would not be wise to disturb the order as laid down on the program, and I assure you that entirely without prejudice, sir, I move that this motion be laid on the table.

Drs. Sutherland and Hooker: Seconded.

President Miller: It has been moved and seconded that Dr. Krauss' motion be laid on the table. Those in favor signify by saying "aye." Those opposed "no."

Carried. The motion is laid on the table.

Dr. Krauss: Mr. President, as a motion to lay on the table is not debatable, I can not say anything. The report of the committee on Amendment to Article I has nothing to do with Dr. Horner's and Dr. Wood's committee, as the discussion on their report will show. I move you, sir, that the report of the committee on Amendment, Article I, be advanced to Tuesday from Thursday.

Dr. Wilms: Seconded.

President Miller: You have heard Dr. Krauss' motion, duly seconded. What is your pleasure?

Dr. Horner: I am sorry to start in so early in the proceedings, but I would like to have the opportunity to say a word. That report was purposely delayed at the suggestion of the committee until Thursday, in order that the committee might meet and formulate a report supplementary to that which has already appeared in the JOURNAL, which could be handled by the Institute on the floor in such a way as to take up as little time as possible. A number of us remember another session at which amendments were discussed early in the session, and will recollect that it took up many hours of time, including an extra session, simply sidetracking everything else; and again, without prejudice, sir, I move that the motion be laid on the table.

Dr. Sutherland: Seconded.

President Miller: It has been moved and seconded that Dr. Krauss' motion be laid on the table. Those in favor say

"aye." Those opposed, "no." Carried. The motion is laid on the table.

On motion of Dr. Carmichael, seconded by Dr. Sutherland, ordered to adopt the order of business as printed in the program.

Report from Board of Trustees

The Trustees met in conference in Chicago in October, 1914. The claims of Long Beach, New Orleans, Portland, San Francisco and Chicago were presented for the 1915 session. In the final ballot, Portland received a majority of votes cast.

At the December meeting in Marion, Ohio, the whole question of place of meeting was again thrashed out, with a resultant vote for Chicago.

Reports from the treasurer, secretary and standing committees were read and placed on record. Supplementary to the treasurer's report, the secretary of the Council on Medical Education reported on the propagandistic fund: the total amount of pledges since December, 1912, \$10,937.00; cash collected up to December, 1915, \$4,084.65. The extraordinary claims of two homœopathic colleges during the past year have called for an expenditure of over \$2,000.00. The report on hospitals presented the following classification: accredited, registered, affiliated, and nondescript. There are at present on the accredited list 38 hospitals. These, during their latest fiscal year, treated 60,681 cases with a mortality of 4.9%. The fiscal value of all these hospitals has not been obtained, but 30 of the 38 report a total valuation of property amounting to \$16,259,880.00. They require 134 interns or resident physicians.

Acting upon the various reports, the trustees ordered:

That \$500.00 be transferred from the general fund to the propagandistic fund.

That the proposed federation with the Institute, of the sectional, state, county and city societies be referred to the Council on Medical Education.

That the College Alliance be invited to become an integral part of the Institute, and to coöperate in augmenting membership of the Institute.

That a delegate from the trustees confer with the Interstate Committee of the Institute upon the importance of energetic action in medical legislative affairs in the various states, particularly relative to safeguarding of state institutions, of reorganization of state boards and of hospital classification. Dr. Hinsdale was appointed delegate.

That the name of William A. Pearson, Doctor of Philosophy, be referred to the censors, to be recommended for honorary associate membership, in recognition of his service as Dean of Hahnemann Medical College of Philadelphia.

That the making of the covers for the JOURNAL be discontinued.

That such papers as have been published in other magazines prior

to publication in the JOURNAL of the Institute, also such papers as have been read by title only, may be published in abstract.

That Trustee Sawyer confer with the O. O. and L. Society on affiliation with the Institute.

That the president of each affiliated and allied society, and also the chairman and secretary of the Council on Medical Education be invited to meet with the trustees at all their meetings as an advisory conference committee.

That only such organizations as report during the year be recorded in the annual statistics.

Respectfully submitted,

Sarah M. Hobson, Secretary.

Upon motion of Dr. Sutherland, ordered accepted.

Report of the Treasurer

GENERAL ACCOUNT

Receipts

Balance from Old Account.....	\$ 2,869.75	
Received from Dues to date.....	5,759.84	
“ “ Exhibits to date.....	1,412.25	
Total Receipts.....	\$10,041.84	\$10,041.84

Disbursements

Cash Paid—Treasurer—Salary of Assistant.....	\$ 780.00
“ “ “ —Postage	191.24
“ “ “ —Monthly Sundries	125.10
“ “ “ —Treasurer and Assistant, traveling expenses to Atlantic City and return	121.86
“ “ “ —Freight on box, Atlantic City and return.....	8.64
“ “ “ —Safe	78.00
“ “ “ —American Surety Co., Bond	25.00
“ “ “ —Safe Deposit Co., Rent of room	50.00
“ “ “ —Exchange on checks.....	11.70
“ “ “ —Sundry Printing	42.00
“ “ —Secretary—Salary	458.26
“ “ “ —Postage	50.13
“ “ “ —Sundries	48.62
“ “ “ —Expressage	11.53
“ “ “ —Multigraphing	4.00
“ “ “ — $\frac{1}{2}$ Stenographer's Salary.....	390.00
“ “ “ — $\frac{1}{2}$ Office Rent.....	150.00
“ “ —Printing Stationery	117.25
“ “ “ —Programs	86.39
“ “ —Sundry Printing	149.76
“ “ —Membership Badges	263.40
“ “ —Stenographer's Salary at Meeting....	225.00
“ “ —Traveling Expenses of Trustees.....	659.19
“ “ —General Sundries	24.27
“ “ —Emergency	107.03

"	"	—Press Committee—Expenses	136.46	
"	"	—Committee Org., Reg. and Statistics..	29.00	
"	"	—Exhibits—Printing	26.50	
"	"	—Commission	529.89	
"	"	—Sundries	32.50	
"	"	—Registrar and Assistant—Services...	40.00	
"	"	—Donation to Inter. Hom. Council....	250.00	
"	"	—Expenses of Atlantic City Meeting...	149.91	
"	"	—Special—Cash Transferred to Council Med. Ed. by order Trustees, 12-11-14	500.00	
"	"	—Special—Cash Transferred to Journal Acct. for 181 unpaid Sen. Sub. \$2 ea.	362.00	
"	"	—Special—Cash Transferred to Journal Acct. for 63 1914 grad. members sub., \$1 each.....	63.00	
"	"	—Secretary—Drawing Account	50.00	
Total Disbursements			\$ 6,347.63	
BALANCE TO NEW ACCOUNT.....			3,694.21	
				\$10,041.84

JOURNAL ACCOUNT

Receipts

Balance from Old Account.....	\$ 504.96	
Received from Advertisements	3,752.45	
" " Subscriptions	4,321.52	
Total Receipts	\$ 8,578.93	\$8,578.93

Disbursements

Cash Paid—Editor—Salary	\$ 1,458.33	
" " — $\frac{1}{2}$ Stenographer's Salary....	390.00	
" " — $\frac{1}{2}$ Office Rent.....	150.00	
" " —Postage	47.74	
" " —Sundries	46.64	
" " —Multigraphing	2.25	
" " —Expressage	4.71	
" " —Printing Journal	4,324.03	
" " —Stationery	24.00	
" " —Sundry Printing	12.40	
" " —Press Clipping	5.00	
" " —Covers for Journal.....	40.00	
" " —Business Mgr.—Drawing Account....	600.00	
" " —Postage, etc.	68.30	
" " —Commission on Adv.	490.86	
" " —Editor—Drawing Account	50.00	
Total Disbursements	\$ 7,714.26	
BALANCE TO NEW ACCOUNT.....	864.67	

\$8,578.93

COUNCIL OF MEDICAL EDUCATION ACCOUNT

Receipts

Balance from Old Account.....	\$ 742.84	
Received from Pledges.....	1,633.30	
" " News Letter .....	.25	
" " General Account—Order Trustees.	500.00	
Total Receipts	\$ 2,876.39	\$2,876.39

Disbursements

Cash Paid—W. A. Dewey—Expenses.....	\$ 420.26	
“ “ “ “ —Traveling Expenses...	114.94	
“ “ —George Royal—Expenses	89.00	
“ “ “ “ —Traveling Expenses..	105.98	
“ “ “ “ —Money advanced to A. W. Smith.....	950.00	
“ “ —J. B. Garrison—Expenses	76.00	
“ “ —Sundry Printing	84.50	
“ “ —C. E. Sawyer—Expenses.....	125.00	
“ “ “ “ —Contribution to Ohio College	500.00	
“ “ —Claude A. Burrett—For Ohio College.	400.00	
“ “ —Sundries—Medical Directory	10.00	
Total Disbursements	\$ 2,875.68	
BALANCE TO NEW ACCOUNT.....	.71	

\$2,876.39

ENDOWMENT FUND ACCOUNT**Receipts**

Balance from Old Account.....	\$ 449.50	
By Cash Received to date.....	25.00	
Total Receipts	\$ 474.50	\$474.50
Disbursements	00.00	
BALANCE TO NEW ACCOUNT.....	\$ 474.50	\$474.50

TOTAL BALANCES

General Account	\$ 3,694.21
Journal Account	\$64.67
Council of Medical Ed. Account.....	.71
Total	\$ 4,559.59
Endowment Fund Account	474.50

GRAND TOTAL BALANCE..... \$5,034.09

T. Franklin Smith, Treasurer.

Referred to the Auditing Committee, Drs. Horner, Sawyer and Copeland.

At the request of Dr. Dewey, the Secretary presented the following revised figures on hospitals:

Fifty-nine accredited hospitals, having 15,259 beds, treated during the last fiscal year 77,154 patients, with a mortality rate of 4.7 per cent. Required 179 interns. Property valuation, \$23,517,700.

Dr. Baxter: Just a word on the Treasurer's Report, in regard to the outlay on the part of the Council of Medical Education. According to the report \$900 was advanced to the Ohio College. At the last meeting of the Ohio Society the Treasurer was instructed to refund that amount as fast as the finances of

the Society would permit, and was ordered to remit to the Treasurer of the Institute a portion of the amount at this time. I am somewhat surprised that this does not appear in the Treasurer's report, and that the order of the Society has been delayed. The money advanced is regarded by the Ohio profession as a loan only, and will be refunded.

Report on Organization, Registration and Statistics

Ordered published in the JOURNAL in the customary way.

The following appointments were made to fill vacancies on the standing committees: Board of Censors, Drs. E. P. Mills of Ogden, Utah; M. A. Royal of Des Moines, J. W. Harris of Denver, C. A. Schulze of Columbus, Ohio. International Homœopathy, Dr. S. H. Aurand of Chicago.

Report of the Transportation Committee

Dr. Costain: The Transportation committee has given its report from time to time through the JOURNAL. It has not accomplished all that it set out this year to do, largely due to the conditions existing in the Institute, change of meeting place, etc. There has been very little co-operation this year on the part of the members of the committee. The Chairman has had to do the work himself. He thanks Dr. Wilcox and Dr. Carmichael for stepping in and helping out the Eastern end of the work.

Ordered accepted.

Report of the Journal Committee

Mr. President and Members of the A. I. H.:

I have the honor to report on behalf of your Journal Committee that the JOURNAL has spoken for itself in exceedingly clear and unmistakable language every month during the last twelve consecutive months since the 1914 meeting of the Institute at Atlantic City. Volume VII of the Institute JOURNAL is now an accomplished fact, and the volume just completed is its own best commentary.

It is fitting, however, that your attention should be drawn to a few salient features of the JOURNAL's conduct in order that you may be able to form a just estimate of its worth as an asset to the Institute. Its literary and educational value can best be determined by a perusal of its pages; if in these points it does not come up to your expectations the remedy is in your own hands, for the JOURNAL prints the scientific essays and business transactions of the Institute, and it is for the contributors of essays and for those who take part in discussions to present material of real literary merit, of sound scientific

value, and intrinsic educational merit. The editorial office has contributed its full share of the work as may be judged by the following summary:

Volume VII, consisting of 12 numbers, presented to its readers a total of 1,884 pages, averaging 157 pages per number. Of this 1,884 pages there were devoted

To Communications	} 1504 pages
To Reports of Business Transactions.....	
To the Membership List	
To the Report of the Bureau of Organization, Registration and Statistics	

The preceding represents the work done by the Institute itself apart from the editorial office which contributed to the JOURNAL:

Sixty or more Editorials covering.....	72 pp.
Announcements	74 "
Correspondence	62 "
News Notes	60 "
Society Notes and Reports.....	30 "
Book Reviews and Miscellaneous.....	60 "
Program for 1915 Meeting	22 "

A sum total of.....380 pp.

It is worthy of note that so large a share of the JOURNAL's make-up for the year, was from the editorial office. It has been the effort of the office to secure as wide a coöperation and as generous assistance as possible from the membership of the Institute. Every section of the country and every homœopathic interest should be ably and fully represented in the JOURNAL's pages in order adequately to fulfill the purposes for which it exists.

During the year there was one edition of 3,500 copies, four editions of 3,400 copies each, and seven editions of 3,000 copies each, making a total of 38,100 copies.

Also during the year there were sent regularly copies of the JOURNAL to

376 subscribers in New York,
311 subscribers in Pennsylvania,
271 subscribers in Illinois,
201 subscribers in Ohio,
184 subscribers in Massachusetts,
140 subscribers in California,
124 subscribers in New Jersey,
95 subscribers in Michigan,
92 subscribers in Indiana.

The full mailing list for the last number, June, 1915, included

Subscribers	2,563
Corresp. and Honorary Members.....	22
Exchanges and Advertisers.....	170
Total	2,755

It is with unfeigned regret and no little solicitude that we report the necessity of removing from the mailing list the names of Institute members whose dues or whose subscriptions to the JOURNAL have not been duly paid. In order to comply with the Post Office regulations which require that *bona fide* subscriptions only shall be recognized, there were dropped from the mailing list in December last 345 names of those who had paid only to 1912, and in June, 1915, 157 names of those who had paid only to 1914, or 502 names during the year. The only explanation of this discreditable state of affairs is the carelessness or indifference of the profession, and it does not speak well for the loyalty of the members that such indifference should for a moment be allowed to exist.

Since the demand for covers was so slight the Trustees voted in December, 1914, not to have any binders made for Vol. VII.

Attention once more is called to the fact that the fiscal year of the JOURNAL naturally ends with the completion of the volume. For the reason that the JOURNAL does not handle its own finances the report herewith presented may not agree with the Institute Treasurer's report, but it is a fact easily verified that the expense for

Printing and Mailing Vol. VII was.....	\$4,334.46
The Editor's Salary.....	1,500.00
Office rent	150.00
Stenographer's compensation	390.00
Postage	100.00
Expressage	15.00
Multigraphing	10.00
Sundries	60.00
Business Manager's Commission.....	700.00
Business Manager's Drawing Account.....	600.00

A total of.....\$7,859.46

As an offset to this expense account the income from	
Subscriptions was	\$ 5,000.00
Advertisers	4,658.88
From the Treasurer on account of 1914 Graduates.....	63.00
From 288 Seniors who have not paid subscriptions but to whom the JOURNAL has been sent.....	576.00
From 22 Corresponding and Honorary Members on the free list	44.00

Making a total of.....\$10,341.88
7,859.46

The credit balance thus shown.....\$ 2,482.42

There is an as yet unexplained disagreement between the Treasurer's list of 181 Seniors whose subscriptions remain unpaid and the list in possession of the Editor's office which contains the names of 288 who have not paid subscriptions. Some method should be devised which shall make such disagreements impossible, as otherwise the JOURNAL'S financial status cannot be accurately announced.

While from the statistical standpoint the JOURNAL seems to be a valuable asset to the Institute, and worthy of unlimited confidence and support, it is earnestly desired that the Institute membership shall recognize its fair share of financial and all other responsibilities to the JOURNAL to the end that its usefulness may in all directions be enhanced and its absolute and permanent success unquestioned.

Respectfully submitted,

J. P. Sutherland, Chairman.

Ordered received as read.

Report of the Press Committee

Mr. President and Members of the American Institute:

The Press Committee beg leave to submit the following report: On April 2nd last, a circular letter outlining the policy of the committee was sent to the Institute officers, Chairmen and Secretaries of the bureaus and Presidents and Secretaries of the affiliated societies, urging them to send when received by them, the names of contributors to the various bureaus and affiliated societies. Simultaneously with this notice and for three months preceding the 1915 Chicago meeting, a press notice was published in the Institute JOURNAL. The names of contributors as received, together with the list of essayists as they appeared in the preliminary program as published in the JOURNAL, were approached by circular letter and by personal letter, and urged to send advance copies of their papers for press use. Some 35 copies were received, excerpts made, and forwarded to the Associated Press and local press of Chicago.

On May 12th last, your Chairman, realizing the importance of the press publicity of the American Institute, visited Chicago and contracted with Mr. Henry B. Chamberlin of the *Chamberlin Service*, to handle our press work during the meeting. A rewrite man was engaged for constant duty, to handle the papers not received in advance of the meeting and to cover the daily story of Institute transactions. Arrangements were made with Secretary Hobson and the Hotel Sherman for a special room to be known and placarded as *Press Headquarters*.

Mr. Chamberlin agreed to furnish the Associated Press and City News of Chicago, which distributes practically all the news for the Chicago papers, with such write-ups as was consistent with the material received, and was of public interest, for which service he is to receive \$100.00.

In addition to this amount your Press Committee has a small incidental account.

The total expenses for Press Committee follows:

H. B. Chamberlin.....	\$100.00
Armet Printing Co., letterheads, envelopes and circular letters..	5.75
Expenses S. E. Parsons to Chicago.....	25.00
Postage	3.40

Stenographic service	15.00
June 28, Press Badges.....	1.50
Total	\$150.65

Respectfully submitted,

Scott Parsons, Chairman.

St. Louis, June 26, 1915.

Ordered adopted as read.

Dr. T. Franklin Smith announced a meeting of the Seniors at 12 o'clock.

Adjourned until 9 o'clock Tuesday morning.

Tuesday, June 29, 1915

Called to order by President Miller.

Report of the Board of Censors

Dr. Reily: The Board of Censors have here a list of forty collected during the year, and the names have been published in the JOURNAL. We have sixty-seven that have been received and signed up since coming here. These sixty-seven have been posted, and are ready for action. I move the election of these applicants to membership.

Dr Foster: Seconded.

President Miller: It has been moved and seconded that the report of the Board of Censors be accepted, and the names proposed elected to membership. Are there any remarks? Those in favor say, "aye." Contrary, "no." It is so ordered.

Report of the Committee on International Homœopathy*

The great European war is ever present to the thought of any man within whose veins float a sufficient number of red corpuscles to prompt him to prefer death to dishonor. Equally absorbing is it to that other class who, professing to believe in "peace at any price," would relegate to the position now occupied by China in the presence of Japan, that country *or the preservation of which many of your Seniors tendered their lives,—for whose honor a number of your Juniors made like proffer. Therefore it was believed that the Institute, cognizant though it is of the impossibility of obtaining valuable comparative statistics until long after the cessation of hostilities, desires preliminary observations on present day military medicine and surgery from the homœopathic standpoint, also on certain sociological questions sug-

*In the absence of the Chairman, Vice-President Mosher read the report.

gested by the unprecedented and extreme variety of commingled combatants, said observations of course increasing in value (in certain particulars at least) the nearer to the firing line taken. Our list of members was carefully scanned and requests for the above indicated, and also requests for kindred information were mailed to all those presumed to have opportunity to secure the wished-for knowledge and a readiness to impart it. No discrimination was made between the adherents of the erstwhile Triple Alliance and of the Triple Entente. Three omissions must be noted. Dr. Hoyle was not approached because it was considered an imposition to trespass upon time fully occupied by administrative duties. Through a blunder of the chairman, the letter to Dr. Arnulphy was not dispatched until too late for a reply to be received prior to this session. There was some hesitancy about mailing notes to our Belgian brethren. It is probably just as well they were not sent, for ere they could have reached their destination Brussels was in the hands of the invader. Four papers were promised. Of these, but one has as yet come to hand, and that is from Dr. Searson on "Medical Aspects of Modern War," which it is suggested be referred, despite its title, to the consideration of the Surgical and Gynecological Society. Other correspondents have not been heard from save as indicated in our News Notes. To what extent the ubiquitous censor is responsible for this silence, it is of course impossible to determine.

Suggestions not dissimilar to those made to other foreign colleagues were sent to the associate members of this Bureau. No reports have hitherto been received from them, but it is believed Dr. Griffith will present his in person. The chairman, realizing early in his professional career limitations imposed by his personal organization, has long been very thankful that he was endowed with sufficient sense strictly to eschew surgery and accordingly, unhesitatingly and unblushingly, pleads incompetency as an adequate excuse for failure to criticize that of the war. Of its medicine we shall know *somewhat*, later. Any delayed manuscript that may come to hand will be promptly forwarded to the Secretary.

Respectfully submitted,

Geo. B. Peck, Chairman.

Providence, R. I., June 21, 1915.

Ordered received and placed on file.

Report of Committee on Permanent Endowment

Aside from the notices in the official Journal reminding the members of the existence of this committee, no active solicitation for funds has been indulged in by this committee during this year. This is due to the fact that the Medical Council fund for similar purposes as the above has thoroughly canvassed the field and until its five-year pledges are collected, active work on the Permanent Endowment Fund must perforce be curtailed. As soon as this committee has a free field, a campaign similar to the campaigns of the Y. M. C. A. organizers will be instituted and every member of the American Institute will be approached in a definite manner so as to gain a written positive or

negative reply in reference to financial support of the Permanent Endowment Fund.

A prominent member of the Institute has informed the chairman of this committee that he expects to will a substantial sum for the purposes outlined in the prospectus of the Permanent Endowment Fund.

Respectfully submitted,

W. H. Dieffenbach, Chairman.

Ordered received and placed on file.

Report of the Auditing Committee

The Auditing Committee have examined the books, records and vouchers of the Treasurer and find the accounts correct.

For the Committee,

J. Richey Horner, Chairman.

On motion of Dr. Foster ordered to adopt the report.

Report of the Committee on the Hahnemann Monument*

The monument is in perfect condition. I fail to see the need of a monument committee. The monument is under the care of the Government, Department of Public Buildings and Grounds. The park policeman makes rounds to the monument three to five times a day and reports any damage or defect at once, and the trouble is remedied by the proper authority.

J. H. Branson, Chairman.

Ordered received and placed on file.

Report of the Committee on Pharmacopœia

To the President and Members of the American Institute of Homœopathy:

Your committee on Pharmacopœia would briefly report that up to June 1st, 149 copies of the third edition of the work have been sold. This leaves 151 copies yet to be sold before the Institute begins to realize a monetary return from its publication.

No homœopathic library is complete without a copy of the Homœopathic Pharmacopœia of the United States.

Uniformity in the preparation of our homœopathic remedies, which is an essential element of the scientific basis of Homœopathy, will not be accomplished until our physicians at least are sufficiently interested to read their standard pharmacopœia.

Respectfully,

T. H. Carmichael, Chairman.

Ordered received and placed on file.

*Read by Vice-President Mosher.

Report of the Committee on New Members

Your committee beg to report having exerted its influence through the medium of correspondence upon those of the homœopathic profession not enrolled under the banner of the American Institute of Homœopathy; and, while the results of the efforts thus expended have been attended with some success, and have justified the expense which we have been under, yet we believe the spasmodic efforts put forth by each new committee are not resultant in the benefit which would follow a different and more consecutive course, and continuous plan of work. We believe that if this Institute were to elect, or have the trustees appoint a Membership Secretary whose duties would be not only the keeping of a card index record of all homœopathic physicians of the country, both members and non-members, and the making of continuous and systematic effort to enroll the non-members, but who should also have the collection of the annual dues, which could be turned over to our Treasurer, our finances would be materially bettered. We should have a record of the homœopathic physicians in such shape that the status and history of each would be available. If there are many who have never joined the Institute, or who have joined and have lapsed, or who have never even been invited to join, this would all appear on the individual card, so that in making future and repeated efforts, each case could be dealt with intelligently, instead of shooting wild, in hopes of hitting something.

This Membership Secretary could have a committee consisting of members in various districts into which the country should be divided, who would be called upon to secure data in individual cases, and generally to assist in carrying out the plans of the Secretary, who, by constantly working in one direction, would be better able to direct, than would a new chairman appointed every year.

The expenses of your committee for the past year, covering postage, stenographic work, etc., have amounted to \$23.50.

Respectfully submitted,

R. Milton Richards, Chairman.

On motion of Dr. Cobb, seconded by Dr. Horner, ordered that the report be received and the recommendation be referred to the trustees for consideration.

Report of the Committee on Revision of the Constitution and By-Laws

Upon request of Dr. Wood, special permission was granted Dr. Horner to present a preliminary report from the committee on General Revision, in order to seek a special concession.

Dr. Horner: It is the purpose of the committee on Revision of the Constitution and By-laws to present to the Institute for its consideration a complete change in Institute government, and in order that everything shall be clear for that

purpose, we are going to move that such part of the By-laws as provides for the election of the Treasurer, Secretary and Registrar for three years, shall be suspended, allowing such officers to be elected at this time for one year. You will readily see that the purpose of this is that the proposed changes in Institute government may go into effect next year, instead of waiting for the expiration of the three years' regular service. I would so move you, sir, that Article II, Section I, of the By-Laws, the fourth sentence, to-wit: "The Secretary, Treasurer and Registrar shall be elected for a term of three years, and shall assume their duties on September 26th next after their election," be suspended to read, "The Secretary, Treasurer and Registrar shall be elected for the term of one year."

Dr. Foster: Seconded.

President Miller: It has been moved and seconded that a suspension of the By-laws be made, Article II, Section I, referring to the election of Secretary, Treasurer and Registrar, making the term of office one year instead of three. This will require a two-thirds vote. Are you ready for the question?

Dr. Stearns: Before voting I would like to know more in regard to this proposed change.

Dr. Royal: I would like to know why this would be necessary? Would not a gradual change in a thing of that kind be preferable to a sudden change? Even with this change of government would it not be better to have some one who would stay in three years?

Dr. Cobb: We are going at this without quite the proper explanation. As I understand it, the committee on the Revision of the Constitution and By-laws was appointed last year. That committee has a right to bring in its report at this time, but we are asked to vote upon a recommendation of this committee, or one section of it, before the report has been presented. It seems to me that it is entirely out of order to vote, that a good many things can be said by this committee as to the reasons why they are asking for this suspension of the By-laws, and it is their duty to say them.

Dr. Sawyer: I have been asked to be the spokesman of this committee, which seems to be somewhat embarrassed. Let me state why this committee is asking for this. It has been discovered as things have been going on in the business matters of the American Institute, that there are certain inefficiencies. Those who have been in charge (and I am speaking

now as Chairman of the Finance Committee) have discovered that it is absolutely necessary to establish a strict business method in this Institute, and in order that that may be established it is necessary that the Constitution and By-laws be so changed as to substantiate the process that is in mind. If the Secretary, Treasurer and Registrar are to be elected for three years, it will be impossible to develop the plan which the committee has in mind, which will be presented in their final report. Hinging upon that one question comes the question of the election of these officers for this period of time, and so the committee asks that the terms of these officers be made to expire at a certain time in order that the new process of business which is in contemplation may be carried out. I do not know whether I have made myself clear or not. I will be glad to answer any questions.

Dr. Wood: The election is tomorrow and we do not make our report until Thursday, and that is the particular reason why this privilege is asked this morning.

Dr. Hopkins: How are we to know how we want to vote, when we do not know what the committee is going to recommend? Why should we suspend before we know what they want?

Dr. Horner: Of course the complete report will be presented Thursday morning. There is no presumption that the Institute will adopt what the committee has to report. That will be left to your wisdom and judgment; but, in order to make such a report, it is necessary that the terms of office shall expire at the same time. If the Institute does not see fit to adopt this report, that is a matter for the Institute to decide, not for us, but it will be impossible to go on arranging our plans for the reorganization of the business end of the Institute unless the terms of all offices shall expire at the same time.

Dr. Wood: We would be very glad, if we have the time, Mr. President, to outline these plans. It is a very embarrassing position in which this committee is placed. It is absolutely useless to go on with our plans unless we may have this change at this particular time.

Dr. Young: It seems absolutely unfair to the committee to go at this thing in this way. If we are going to restrict the committee I think we are doing a great injustice.

President Miller: Are you ready for the question? Those

in favor of the motion as stated will please rise. [67.] Those opposed will stand. The motion is carried.

Report of the Committee on the President's Address

Your committee to whom has been referred President Miller's two formal addresses, have deemed it expedient to regard them as a whole and will report upon their recommendations together. The committee desire to commend especially and with hearty enthusiasm the preliminary paragraphs of the morning address. The emphasis which the President places upon the fact of homœopathy and his advice to its adherents cannot be more impressively stated than in his own language.

"This is an Institute of Homœopathy and its primary and principal work is to develop by research and practice the principles, the methods and the scientific basis of homœopathy. . . . This is still the key-note. . . . Let us not digress in our work and discussion so much that we miss the main point of our study and organization."

In the evening address these thoughts are also conspicuously prominent.

Referring particularly to the recommendations of the reports, the committee submits:

First: In regard to state examining boards, there is no doubt that homœopathic colleges are adequate to prepare physicians for practice in any part or in any medical service of the country. Theoretically, the separate examining board is unquestionably the most desirable. However, there is doubt in the minds of the committee as to whether separate boards are attainable in many, if in any states, and as to whether the results will justify any efforts we may put forth to either regain or establish them. Practically, the question of examining boards is, at present at least, to be adjusted locally or by states. It is recommended that the policy of the Institute be that it is ever ready and alert through its various agencies to assist the profession of any state or locality who may have a reasonable prospect of maintaining or establishing independence in all essential particulars. The advice of the President that the various officers, committees, councils, alliances and boards of the Institute have always in mind a lively appreciation of the importance of untiring activity in their respective fields and that they labor with a spirit of ready coöperation cannot be too heartily endorsed.

So far as a national licensing board is concerned, it is suggested that before committing itself upon record that wise counsel be taken as to the legal and constitutional points involved and that serious consideration be given as to how far homœopathy may probably be recognized in a national enactment. These points once discretely considered, a decision may then be made as to a definite policy.

Second: The recommendation that the office of Secretary and Treasurer be consolidated, that the business manager arrangement be abolished and that the business and editorial offices be reorganized, should be referred to the trustees with the request that they give the suggestion immediate attention.

Third: The matter of changing the manner of electing officers to a post card ballot is deserving consideration.

Fourth: It is recommended that the suggestion that there be no ex-officio membership in the board of trustees except that of President, if the same be consistent with the constitution and by-laws, be adopted.

Lastly: The policy promoted in the address of a democracy in spirit and in general legislation, of rotation in office, the infusion of new blood, new ideas, high ideals and a steadfast purpose is as sensible in its conception as it is clear and eloquent in its statement.

Respectfully submitted,

W. B. Hinsdale,
Arthur H. Gordon,
Henry Allen Whitmarsh.

On motion of Dr. Horner ordered adopted.

Report on College Alliance

The proceedings of the session of The College Alliance, held in this city upon February 27, 1915, are published, as prepared by Secretary Burrett, in the JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY for May, 1915. The same I beg to present and file with the Institute as your committee's report.

Respectfully submitted,

Chicago, June 29, 1915.

W. B. Hinsdale.

Ordered to adopt and place on file.

President Miller: I have here telegrams which will be of interest to the members.

Sterling, Colo., June 27, 1915.

Deeply regretting my inability to be with you, my heartiest congratulations and best greetings are extended to the officers and members of the Institute. I sincerely hope you may have a successful meeting and that great good may be accomplished for a virile and militant homœopathy.

Chas. E. Fisher.

Lincoln, Neb.

Detained. Will arrive Wednesday morning. Call meeting Interstate Committee Wednesday afternoon.

E. Arthur Carr.

The time is now here for the nominations of officers.

Dr. Hobson: The nominations, as handed the Secretary, are presented in alphabetical order, as directed in the By-Laws.

For President:

Dr. H. C. Aldrich, Minneapolis, Minn.

Dr. C. E. Sawyer, Marion, Ohio.

Dr. H. A. Whitmarsh, Providence, R. I.

For First Vice-President:

Dr. T. E. Costain, Chicago.

For Second Vice-President:

Dr. Cornelia C. Brant, Brooklyn, N. Y.

Dr. Minnie Hopkins, Oconto, Wis.

For Secretary:

Dr. Sarah M. Hobson, Chicago.

Dr. Scott Parsons, St. Louis.

For Treasurer:

Dr. T. Franklin Smith.

For Registrar:

Dr. Wm. O. Forbes, Hot Springs, Ark.

For Trustees:

Dr. Frederick M. Dearborn, New York.

Dr. J. Richey Horner, Cleveland.

Dr. Byron E. Miller, Portland.

Dr. Mary E. Mosher, Boston.

For Censor:

Dr. E. P. Mills, Ogden, Utah.

Dr. J. P. Rand, Worcester, Mass.

The Secretary read a letter from Dr. Custis.

June 26, 1915.

Dr. Byron E. Miller, President,

American Institute of Homœopathy,
Chicago, Ill.

My Dear Doctor: After a great many years of almost constant attendance, I find it impossible for me to be present at the meeting in Chicago. Please present to the Institute my sincere regrets and deliver my message, which is that we must fight for the recognition of ourselves as specialists, our specialty being the study of the effects of drugs as remedial agents for disease, no matter what the cause of such disease may be, whether germs, faults or follies. If the work of our predecessors and ourselves is recognized, recognition of the law of similia will follow, and the question of "dose" settle itself.

My reason for this statement at the present time is because I am assured that there will be a great deal of medical legislation proposed, not only in Congress, but in the different state legislatures, and I am sure that, unless we have some understanding as to the basis upon which we shall use our continued efforts for the recognition of our institutions and maintain the value of our diplomas, we will suffer at the hands of those who from one motive or another would open all the back doors and by-ways to the practice of medicine. We have no reason to fear the American Medical Association;

we have no reason to fear any qualified graduate of any recognized institution, either the A. M. A. or the American Institute of Homœopathy, but we all have a great deal to fear because we have raised the standards of our profession so high that we have tempted all of the quacks, charlatans and faddists who are seeking entrance.

I am sure the graduates of our institutions can meet the requirements, but we will compromise by insisting upon a knowledge of materia medica, which, if sufficient, will allow a practitioner to use his own method of applying the remedies.

Hoping that your meeting will meet all the hopes of your friends, I am most respectfully and sincerely yours, J. B. Gregg Custis.

Dr. Wood: Mr. Chairman, I rise for information. Last year we were promised by Dr. Custis, or by his committee, that the fund raised for the Institute of Drug Proving would be distributed for practical purposes. I would ask whether or not any such distribution had been made.

Dr. Dewey: Mr. President, in reply to Dr. Wood, I would say that there has been some distribution of that fund. I have the report of Dr. Custis in my possession which will be read at the proper time tomorrow.

Communication ordered to be placed on file.

Upon motion of Dr. Horner, seconded by Dr. Wood, the Secretary was instructed to send an appropriate telegram to Dr. Custis, expressing regret at his absence.

Drs. R. Milton Richards, Arthur L. Canfield and Elmer T. White appointed Inspectors of Election.

Adjourned to nine o'clock, Wednesday morning.

Wednesday, June 30, 1915

Called to order by President Miller.

Report of the Board of Censors

Dr. Reily: The Board wishes to report that forty-seven applications have been received and approved by the Censors, and are now posted.

Ordered to be placed on file.

In the absence of Drs. FitzPatrick and Strickler, the reports on Medical Examining Boards and National Legislation were passed.

Report of Committee on International Council*

The war made the meeting of the Council, set for August 6, 1914, impossible. As announced in the news item of the JOURNAL, October, 1914, an emergency meeting was held in London in August, 1914, at which were present several Institute members who had been certified as delegates.

James W. Ward, Chairman.

Ordered received and placed on file.

Report of The Institute of Drug Proving of the American Institute of Homœopathy†

In accordance with self-assumed courtesy and with great pleasure, the trustees of the Institute of Drug Proving are pleased to report progress, and much more progress than they have been able to report before. They report in detail a partial proving of *Aragallus lamberti* (Loco-weed). We do not present it as a complete proving.

The purpose of the Institute was to present such a proving as would demand the respect of the most critical, scientific materia medica specialists and give the therapeutists of all schools an evidence of the value of the methods by which we, as a school, have learned the possibilities of what nature offers as compensatory to disease, to repair faults and overcome the results of the follies of our race.

I enclose Doctor Rabe's report, which I hope will be read, as it gives evidence of the lack of coöperation on the part of the specialists of our school and some of the difficulties which we have met and verified, and many of the observations which the President of the Institute has time and time again presented.

The Treasurer's report, which is enclosed, shows that our funds are practically intact. We have some outstanding bills which have not been presented, but the amount is not sufficient to impair our capital. No part of the funds entrusted to the Institute of Drug Proving will ever be used for any other purpose than that designated at the time of the organization of the body, and no member of the American Institute of Homœopathy will be asked for a contribution for the furtherance of the work until, because of the recognition of its value, he voluntarily gives assistance. The trustees of the Institute of Drug Proving are afraid that lack of confidence in the ultimate results of their work had deterred them from asking contribution from the philanthropists of the country, but money is waiting to be expended for the purpose which suggested the formation of the separate organization. The real propagandistic work of the homœopathic school should be directed to such provings of drugs, in accordance with our methods, as every scientific or well equipped physician will recognize the value of our work, but nothing can be done without the full coöperation of our specialists and of the individuals, who, because of special ability, can give assistance. This work cannot be completed without this coöperation, and if it is not received other

*Read by Vice-President Mosher.

†Read by Dr. Dewey.

organizations, over which we have no control, and in which we have no part, will complete the work and we will only get the recognition of having suggested the possibilities. Hahnemann, Hering, Farrington, Hughes and Clark will be forgotten, excepting because of the permanence of bronze and the strength of granite used in erecting the monument in the Capitol of the Nation in recognition of the services of the founder of our school.

While we have all the history of the drug as first collected by Doctor Dewey and the last by Doctor Rabe, we do not ask their publication at the present time, as we have every reason to believe that before another year they will not only be completed, but thoroughly digested, and as far as this particular drug is concerned, will receive the stamp of the Institute as well as our own and arouse an enthusiasm which will be to further the work.

Respectfully submitted,

J. B. Gregg Custis, President.

Dr. Dewey: As a supplement to this I will state that we had twenty-one provings by the different colleges, three of which were thrown out for incompleteness a year and a half or two years ago. All of these facts have been collated.

It was the purpose of the Institute to take up this proving work this year, and as I understand it, Dr. Custis tried to have provings made in several colleges. The money was forthcoming provided these colleges would do the work under the directions of the trustees of the Institute of Drug Proving. Dr. Custis reports failure in all except the one mentioned in his report. He failed to enclose Dr. Rabe's letter and so I cannot read it. I will read the financial report.

Financial Report of The American Institute for Drug Proving of The American Institute of Homœopathy

June 1st, 1914—Cash, in Security Trust Co.....	\$1,206.19
Oct. 8th, 1914—Deposited 3 coupons, Reading Bonds.....	60.00
Dec. 1st, 1914—Interest	23.95
Apr. 1st, 1915—Deposited 3 coupons, Reading Bonds.....	60.00
June 1st, 1915—Interest	25.92
Total	\$1,376.06

DISBURSEMENTS.

Oct. 30th, 1914—M. E. Wolff Co., premium (annual) on Sec'y-Treas.'s indemnity bond.....	12.50
Balance in Security Trust Co., interest at four per cent, June 1st, 1915	\$1,363.56

Note. In addition to this money, the Institute for Drug Proving owns three Reading bonds, par value One Thousand Dollars each, which are in my safe.

Respectfully submitted,

Edwin H. Wolcott, Secretary-Treasurer.

June 1st, 1915.

Ordered received and placed on file.

Dr. Sawyer: Mr. President, I forgot you were such a rapid-firing gun, so I am a moment late. Is it not possible in some way to get the use of this money, for the purpose of carrying on a lot of commendable work which is being attempted by the different colleges of the United States? I can only speak personally from a knowledge of the requirements and needs in Ohio. In Ohio we have a research department in the University which needs money. As I understand it, here is \$4,300 lying practically idle. I would like to know if there is any way in which this can be distributed among the various colleges, so that we may get some real benefit out of it?

Dr. B. F. Bailey: Mr. President, Members of the Institute. I am a member of the Institute of Drug Proving, and am very glad to have heard this report, principally because I never hear anything about the Institute of Drug Proving except when I do hear this report which comes once a year. Last year I defended the Institute of Drug Proving against an attack, hoping that we at least might do something with our promises this year. It is said that there is great difficulty in getting colleges and men to do these things under scientific restraints. This is unquestionably true, but on the other hand the right man gets the right work done. Every organization is supposed to be in touch with the members of their directory. In this case it has not to my mind been so, at least not to any extent. I trust that this Institute of Homœopathy will not attempt to take this into its own hands, because from a legal point it is impossible to do more than perhaps pass a resolution asking that the Institute of Drug Proving have a meeting and attempt to effect an organization that will do work. One thousand dollars were voted to the Medical Department of Boston University. They have never received it. I am told that the records read that it was subject to demand,* and they have never demanded it.

Dr. Sutherland: They have not demanded it. I do not remember any proviso that they should demand it. I do not remember that anything of that kind was placed on the records.

Dr. Bailey: It is hard for me to believe that, of all our homœopathic colleges, there is not one willing to organize and do this work under strictly scientific conditions. Furthermore, there is no place where this can be done except at the colleges. This is my position as a member of the Institute of

*J. A. I. H., Sept., 1914, p. 322.

Drug Proving. If this Institute of Homœopathy desires, I presume the work would be forwarded by a resolution asking that an organization be perfected to do the work.

Dr. Sutherland: Just one word in defense of the Institute of Drug Proving. I know it to be a fact that the Chairman of the Institute of Drug Proving visited Boston last fall, and that he talked with the authorities of the Boston University School of Medicine, and with the Medical Director of the Evans Memorial. He wanted very much indeed to have some provings of loco weed undertaken. Dr. J. W. Clapp, of Boston, was also interested. On going into the matter pretty thoroughly, however, it was found to be a matter of great difficulty to organize scientific provings. It is not as easy a thing as it might seem. As a matter of fact, medical students have a great deal to do in these days, and the work cannot be done as easily as when I was a medical student, and we had more time at our disposal. Many controls and tests are necessary that would require the time of a very capable person to conduct, and in the city of Boston today we have no one who has had sufficient experience in that line willing to undertake this work. A motion was passed by the Institute of Drug Proving that a sum of money be given to the Evans Memorial of Boston, the University School of Medicine, to conduct provings. We have never asked for the money because we have felt that it would be better not to attempt the work at all than attempt and fail, or do imperfect work. We are more or less optimistic, as is Dr. Custis, that we can accomplish something sometime, but up to the present we have not been able to accomplish much. It means concerted action on the part of all the colleges to carry the work through successfully and satisfactorily.

Dr. Sawyer: I would like very much personally to have some information on this subject, and I would suggest, Mr. President, that Dr. Hinsdale, Professor of Materia Medica of the Homœopathic College of the Ohio State University, be called upon to speak concerning affairs in Ohio.

Dr. A. E. Hinsdale: I am not here to exploit our college in preference to any other. In Ohio we have what is known as a Materia Medica Research Laboratory, organized six or seven months ago. The funds were obtained by private subscription. We have what we think is one of the best laboratories of its kind in the country. We are prepared to conduct modern scientific provings. I have this summer an assistant working

on bromium sulphate, making experiments on animals. Next year we shall make provings on the human subject. This last year, a proving was made of *bellis perennis*. This was not as complete as it might have been, owing to the fact that we were just starting our laboratory. We have the place, we have the time and the facilities, and men capable of conducting modern scientific provings. If you will help us out with a little money, we shall be glad to do what we can in conducting provings.

Dr. Copeland: Mr. President, and Members of the Institute, I think it would be unfair entirely to Dr. Custis to have the idea conveyed by this organization that there is any unwillingness on their part to conduct provings. This Institute of Drug Proving placed at the disposal of the New York Homœopathic Medical College \$1,000, but it was found exceedingly difficult, by reason of the facts mentioned by Dean Sutherland, to have sufficient time for the students to carry on a proving of any value. I would like to say to Dr. Hinsdale and Dr. Sawyer that I have no doubt that, if an appeal was made to the Institute of Drug Proving for a sum of money, there will be a ready response on the part of the Institute; at least that was the feeling we had in regard to the matter.

Dr. Cobb: There are some colleges which have for two years made appeals, but have received no response or even encouragement that they might expect money. The Institute of Drug Proving is an incorporated body. It is not under the control of the American Institute to the slightest degree, and there is not the slightest chance of influencing them, except so far as the trustees, some of whom have been on the floor this morning, can do it. I think, Mr. President, we are wasting time unless the trustees are themselves prepared to do something. The Institute of Drug Proving is as independent of us as any body apart.

Dr. Wood: I would like to offer the following resolution: "Resolved, that it is the sense of the Institute that the Committee on Drug Proving of the American Institute of Homœopathy be requested to transfer all funds in its possession to the various Homœopathic Colleges of the United States for the purpose of conducting drug proving."

Referred to the Resolutions committee.

Report of the Joint Conference Committee*

In the report made to the Institute at the last annual meeting the specific requests of the American Medical Association for the powers of the committee and for "a definite scientific proposition submitted over the individual signatures of your committee" were fully answered. The resolutions of the Institute at its 1913 meeting gave the committee full power in working out the plan for a joint investigation of our law. The second inquiry was answered by the submission of the following proposition:

"The symptoms of a disease, as met by the practitioner may be, and are removed by the administration of a remedy which is capable of producing similar symptoms when given to a healthy person."

The proposition was enlarged upon and the necessity for investigation of the law of similars was definitely considered, as will be noted in the report which was published in the September number of the Institute JOURNAL. In that report was included a letter which had been sent to the Chairman by the Secretary of the American Medical Association from Chicago, under date of July 3d, 1914, in which Dr. Craig stated that he had written to the Directors of the Rockefeller Institute of New York and the McCormick Institute of Chicago, but they had declined to join in the investigation, basing their declination on a bare statement of our proposition. Instead of sending his communication to the Evans Memorial, it was sent to the "Medical Director of the Robert Dawson Memorial, Massachusetts Homœopathic Hospital, Boston."

A personal presentation of the case to any one of these laboratories might change the directors' whole attitude toward this plan. We ought to be given an opportunity to personally do this as well as take other steps for securing coöperation.

The House of Delegates at the meeting of the American Medical Association in June, 1914, passed the following resolution which was published with the report of your committee last year:

"In regard to the communication from a committee of the American Institute of Homœopathy, we recommend that the said committee shows an evident desire to get at the scientific truth concerning their formula, and as there has been no favorable response from any of the three laboratories suggested by them, we recommend that our secretary inform them of the results of his correspondence with these laboratories and that they be asked to suggest other laboratories, or some practical plan of investigation."

As the American Medical Association had not shown any desire to appoint a committee to coöperate with yours in furthering our plan for the investigation of the law of similars, your committee did not deem the present time, under the present active head of the A. M. A., propitious for the advancement of our plan for this joint investigation.

*Read by Dr. Copeland.

The committee, therefore, has done no practical work during the past year, but feels that possibly another trial may result in something more definite than has been accomplished thus far.

While coldness and want of coöperation may have been manifested in the past, more certain data on our part and new officers and delegates on theirs may secure for us more active support than heretofore. This has in it too much that is of the utmost importance to Homœopathy and to the future of medicine to leave the field until the last effort for a broad and thoroughly complete investigation of the law of similars is secured. We, therefore, recommend that the committee be continued for another year.

Herbert D. Schenck, Chairman.

On motion of Dr. Wood, seconded by Dr. Franklin Smith, ordered accepted.

Report of the Committee on Conference with the Eclectic Medical Association

For the past two years, during which time I attended the sessions in Chicago, once as a member, once as chairman, so far as I can see it has resulted in nothing except what is known as a "gab-fest." However, I would consider it wise to continue the committee under better chairmanship to confer with the eclectic, because of the fact that the chairman of the eclectic committee at this time is Dr. J. K. Scudder, of Cincinnati, who is one of the best politicians in the country, and is in touch with everything in all schools of medicine. I would therefore urge the continuation of the committee, as I say, under a better head.

Henry C. Aldrich, Chairman.

Dr. Copeland: I think Dr. Aldrich is entirely too modest as regards the work of his committee. The fact is that this conference has resulted in this: By conferring with the eclectic it was found that among the eclectic and homœopathic members of the various boards of licensure in this country, were a number who were not in touch with their national societies, and, largely through the efforts of Dr. Aldrich's committee, this matter has been corrected. My recollection is that there were eleven members of the various examining boards, homœopaths, who were not members of the American Institute, and I believe that through the efforts of this committee most of these men have been driven into the organization. I move that the report be received and the committee be continued.

Dr. Horner: Seconded.

President Miller: It has been moved and seconded that the report be received and the committee be continued. Are there any remarks?

Dr. Carmichael: This committee was appointed as the result of a recommendation contained in my address of 1912, and it is necessarily a matter in which I am deeply interested. There are different ways for the propagandism of homœopathy. There is a body of seven thousand physicians in the United States known as Eclectics. The Eclectic school of medicine is nearer the Homœopathic school in practice and in methods, decidedly nearer than the American Medical Association, with whom we have a committee. Now I know the shortcomings of the eclectics, and I know the shortcomings of our own school of medicine, but I also know that if you will take the list of their remedies, and note the way they are used by eclectics, you will find that they are used in 90 per cent, according to the same principle for which we stand, and on which our school is founded. More than that, you will find that a number of eclectics in their writings have said that they prescribed according to the homœopathic principle. Now it seems to me that in efforts toward union we want to bring together those who are similar in their thought and in their mode of action, those who are somewhat similar at all events. We have a great field here if we will work it in the proper way. Of course I know that such a matter as this has to be broached in a gradual manner, but I feel that this is one of the great prospects of homœopathy, if there can be such a thing as an alliance between seven thousand and ten thousand physicians. We know that in some states at the present time the eclectics have no members on the boards of medical examiners, and in these instances they refer their students for examination not to the old school members, but to the homœopathic members. We also know that when the Eclectic College was closed in New York, the students went over to the Homœopathic College. They did not go to an old school college. In many ways you find that there is an undercurrent through their school towards us, and we should take advantage of it.

Dr. Burrett: Dr. Carmichael has stated much better than I could one or two points which I wish to make. I had several conferences with Dr. Scudder during the past winter, and he emphasized many things which Dr. Carmichael has suggested. One thing which he regarded as very significant was this: In one or two instances eclectics had appeared before homœopathic boards and had received none too kindly a reception. This would seem, from the spirit of the statements made here,

to be rather unusual. Dr. Scudder feels that there should be a very warm and deep coöperation on the part of both eclectics and homœopaths. He feels that this Joint committee has been very valuable, and especially emphasized the point that he hoped it would be continued on the part of the American Institute.

President Miller: I attended the National Eclectic Association while in session in San Francisco two weeks ago. The report of their Joint Conference Committee was to have been made that evening but I did not hear it. I gave them a little talk along that line. I feel that we are working along the right line. As a member of the State Board for fourteen years, I found that there was very little difference in us. They usually consult with homœopaths, and their method of prescribing is similar. I had the honor of having been made fifteen years ago an honorary member in their Association, and Dr. Scudder told me at that time that I was the only one who had that honor.

Upon motion, ordered that the committee be continued.

Report of the Committee on Homœopathic Hand Book

It will be recalled that this committee was appointed to prepare a handbook for presentation to old school graduates, hoping to interest them in Homœopathy. Little progress was reported last year, and, so far as the chief work of the committee is concerned, little has been accomplished this year.

However, this much has been done. The *Reference Handbook of the Medical Sciences*, probably the most widely circulated encyclopedia of medicine published by the old school, has never hitherto mentioned Homœopathy. The new edition, now in press, has a five column article on this subject. This was carefully prepared, having in mind the reader unfamiliar with and perhaps opposed to Homœopathy. It is gratifying to report that the Editor printed the material exactly as presented to him. We hope this article may assist in advancing a more general knowledge of our views.

The committee will be glad to be left to go on with the original work assigned to it. It will be content, however, if the task is given to others. Simple as it may seem, it is a difficult thing to define our view of Homœopathy in such terms as to meet anything like universal acceptance. There are many here who will at once accept the truth of this statement.

Respectfully submitted,

Royal S. Copeland, Chairman.

Upon motion, ordered the report received and committee continued.

Report of the Committee on American College of Surgeons

Your committee takes great pleasure in reporting to the 1915 session of the American Institute of Homœopathy that the action of the Board of Regents of the American College of Surgeons, taken in April, 1914, unanimously recommending that the American Institute of Homœopathy be placed on the same basis as the American Medical Association, Clinical Congress of Surgeons of North America, and other societies was unanimously passed by the College of Surgeons at the Washington convocation in November. It was a source of great satisfaction to your committee, as it must have been to every member of the homœopathic school wherever found, that a resolution of this character could be passed without a dissenting voice in a body of nearly two thousand surgeons composed largely of members of the older school, and the very foremost thinkers of that school.

Your chairman in an editorial in the January, 1915, number of the Institute JOURNAL has given somewhat in detail an account of the proceedings of that convocation, and the manner in which it was conducted. Some 450 applicants were admitted to fellowship, of which number approximately 35 were affiliated with the homœopathic school. By special action several homœopathic candidates were voted in, after being earnestly recommended by the Institute committee, who were not endorsed by their respective state admission committees, largely because there were no homœopathic members on those committees.

Representation on the various state admission committees was also promised, and your committee has reason to believe that in every state where there is a homœopathic representative this promise has been fulfilled. The candidates nominated by the subsidiary societies of the American Institute of Homœopathy for positions on the Board of Governors were elected without the slightest opposition. The Board of Governors is automatically reduced in size from year to year by provision in the by-laws until eventually the number shall be reduced to 150. In order that there might be no suspicion of unjust discrimination against the homœopathic members by the Board in making this reduction, a member of your committee was granted the privilege of supervising the drawings for positions on the Board of Governors and the Board of Trustees and this member was also granted the privilege of nominating members of the Board of Governors in open convention. Inasmuch as all of the old officers were reelected for another year, no representation was given the homœopathic school on the Board of Regents. Otherwise everything asked by your committee was fully granted, and the committee received from the Board of Regents and the Board of Governors most courteous and generous treatment. Your committee believes that, when a change in the personnel of the Board of Regents is made, the propriety and justice of having a representative of the homœopathic school on the Board will strongly appeal to the Regents and to the Board of Governors.

Your committee believes that this action on the part of the College of Surgeons, composed as it is of more than three thousand of the leading surgeons of the United States and Canada, augurs well for the

future of American medicine irrespective of schools and pathies. Your committee does not for a moment believe that the Board of Regents was prompted to do what it has done because its members think that the law of similars is of great practical value. The men composing the Board are broad, liberal, generous and scientific, desiring at all times to extend the hand of fellowship to men and women whom they believe to be equally earnest, honest, sincere and unbiased—hence their action. Your committee has at all times assumed that the homeopathic school is also broad, liberal and scientific—inclusive rather than exclusive—and that their desire is to be helpful and coöperative rather than antagonistic.

There is no question but that, to quote freely from an editorial by Dr. Haseltine in the Institute JOURNAL, "there is need in America for a higher ethical and a higher scientific standard in the practice of surgery." Your committee believes that the College of Surgeons represents a sincere effort to meet this need. While undoubtedly errors in its organization have been made, as is always the case in such undertakings, we believe that already enough has been accomplished to prove that the College is a power for good, and that the College as established is a truly liberal and democratic institution, willing to give credit for meritorious work wherever done, and that "it breathes a refreshingly modern spirit. It had its inception in the Congress of Surgeons of North America, which was so amazingly successful chiefly because it abandoned academic theorizing and went back to practical work. Its qualifications for membership are based not upon examinations and scholastic degrees, but upon verifiable records of surgical experience."

All applications for membership in the College of Surgeons made after November 13, 1914, will be referred to a committee on examination. The following tentative plan has been adopted by the Board of Regents to govern the admission of fellowship of candidates whose application has been filed subsequent to the above date:

1. Evidence that applicant has served at least one year as a hospital intern and three years as assistant, or one year as first assistant to a surgeon of recognized ability and with an adequate hospital service. From those who were graduated before 1915, an equivalent surgical experience shall be acceptable, especial importance being attached to laboratory and research work.

2. Evidence that he has visited other surgical clinics and laboratories than those to which he has been officially appointed, giving the dates of such visits, the time spent, and a brief summary of the work witnessed or performed.

3. An abstract of at least fifty consecutive major operations which he has himself performed, this abstract to contain the name and address of the doctor or consultant referring the case; the pre-operative diagnosis; the anesthetic given, by whom, the quantity and the time of administration; the date of operation, and a brief description of it, with a note of the time required for its performance, calculated from the first incision to the beginning of the application of the dressing; the postoperative course, and mention of complications, if such occurred; not only those conditions usually classed as such, but consecutive bleeding which calls for measures directed toward its control, hematoma of sufficient extent to require evacuation or drainage, supuration, as slight even as a stitch abscess, are to be regarded as complications; the condition on discharge from the hospital with subsequent course of the case up to the date of application for membership, or as near this as is practicable. The applicant shall supplement his individual report of opera-

tions by a further abstract report of at least fifty cases in which he acted as assistant.

4. All applicants for fellowship to the American College of Surgeons whose date of graduation is 1920 or later shall be graduates from medical schools which shall have demanded of their matriculates two years of collegiate training, or the equivalent, including biology, chemistry, and physics. If the candidate's school of graduation be not accredited by the American College of Surgeons, he shall be required to pass a technical examination.

5. Surgeons widely recognized by the profession as leaders of progress and exponents of finished technic, by a unanimous vote of the Board of Regents may be admitted to fellowship on recommendation of the Committee on Examination.

It will be seen that the foregoing examination is entirely a self-examination and ought not to work a hardship to any aspirant desiring to become a member of the College. Certainly no one should be entitled to membership who is not able to comply with the requirements outlined.

To revert to the specific work of our committee and to what it has accomplished to date: Your committee nominated for membership in the American College of Surgeons approximately 200 men and women from a list of names taken from the two subsidiary societies of the Institute—the Surgical and Gynecological and the Obstetrical—and from the O. O. and L. Society (which is but nominally affiliated with the Institute). This list was prepared by your chairman and sent to the various members of his committee for endorsement or for elimination. Your chairman urged the members of his committee to go over the list most carefully and cautiously, rejecting men and women who were in the opinion of the committee not entitled to membership. This list was also submitted, whenever it was possible, to well-known local men in various communities for endorsement or for the purpose of obtaining specific information. To quote from your committee's report of last year: "It will at once be seen that while there was no better way than this to get definite information regarding the nominees, it is entirely possible, and indeed probable, that some names were endorsed which should not have been endorsed, and that many men and women entitled to membership were overlooked." The Board of Regents ruled that in towns of over 50,000 inhabitants no one not devoting himself to an exclusive specialty would be eligible to membership. This caused many of the names sent in by your committee to be rejected, but we are convinced that the same ratio of men of the older school was also rejected for the same cause. Your committee has, however, succeeded in getting into the College, according to the report made by Dr. John Bowman, Director of the College, one hundred and ten men and women affiliated with the homœopathic school. Your committee believes, now that we have obtained representation on the various state admission committees, that it will be much easier to get properly qualified men and women of the homœopathic school into the College. Your committee has at no time refused to aid any member of the homœopathic school deemed worthy of fellowship in the College to obtain such fellowship, even though not a member of the Institute. It has, however, availed itself of its privilege and its opportunity to point out to such members the advantages of affiliating themselves with the Institute. This com-

mittee has also on all occasions emphasized to the members of the O. O. and L. Society who constitute more than one-third of the homœopathic members of the College, that in spite of the fact that that society has no formal affiliation with the Institute, we have made no discrimination against them and that we have extended to that society the same privileges granted the Surgical and Gynecological and the Obstetrical societies which are affiliated with the Institute, and are doing all within their power to promote the interests of the Institute.

In addition to the foregoing, your committee has raised for the Million Dollar Endowment Fund, which the College is endeavoring to raise, nine thousand dollars. Three thousand dollars was subscribed independently of this committee, making a total of \$12,000 for the homœopathic members of the College.

Your chairman has at all times had the most enthusiastic support of each and every member of his committee who have, with the chairman, made frequent trips to various sections of the country, personally bearing all expense for the same, and he desires to extend his thanks and appreciation to those members for such support and coöperation. He desires to especially mention the work done by one member, Dr. Kahlke, who because of his close contact with the College headquarters in Chicago, has been able to do us yeomen service.

Respectfully submitted,

James C. Wood, Chairman,
DeWitt G. Wilcox,
C. E. Sawyer,
Walter E. Crump,
Herbert F. Schenck,
Chas. E. Kahlke.

On motion of Dr. Hooker, seconded by Dr. Sutherland, ordered that the report be accepted and the committee continued.

Dr. Wood: The Secretary has turned over to me a communication from Dr. Franklin Martin which emphasizes what I have said of the recognition of Homœopathy, and asks for the nomination of three members on the Board of Governors to fill the places of Charles E. Kahlke, Horace Packard and H. S. Nichols, whose terms expire in 1915. Inasmuch as the American College of Surgeons this year unanimously reëlected all its old officers, the organization being made only a year ago, I move that the three men whose terms expire in 1915 be renominated.

On motion of Dr. Horner, seconded by Dr. Sutherland, unanimously voted to renominate Drs. Kahlke, Packard and Nichols, as members of the Board of Governors of the American College of Surgeons.

Announcement of the Committee on Local Arrangements

Dr. Vaughan: We are here on the ground ready to serve every one. All you have to do is to make your wants known. This evening has been set apart particularly for fraternity dinners. This afternoon at two o'clock the ladies of the Meissen will be taken for a ride around Chicago. Tomorrow night we have a special dinner for Dr. Wood, and Friday night we have a Frolic at the Art Institute.

Telegram from E. Petrie Hoyle

Best wishes and fraternal greetings. Been given charge Croix Rouge Français Hôpital.

Petrie Hoyle, Medical Chief, Hôpital Auxiliaire, 50, Melun.

Dr. Sutherland: I have a telegram from Dr. Burford, President of the International Homœopathic Council. Through the efforts of this Council a hospital has been established in France just outside Paris, a hospital for the care of the sick only. There are many hospitals on both sides of this enormous fighting line doing momentous work for the wounded, but when this hospital was established it was the only one devoted entirely to the care of the sick, men suffering from rheumatism, gastro-intestinal disorders, etc. It is a small hospital because funds had to be provided by private subscription.

Doctor Sutherland,
295 Commonwealth Avenue, Boston.

London, June 24, 1915.

London Neuilly Hospital Committee send warm greetings to great meeting American Institute, commending this international work to American sympathy and support.

Burford.

This is a brief message, but pregnant with meaning. It needs no extended commendation to your attention, but it is perhaps well to say that they need financial assistance in order to carry on the work. This is the only homœopathic hospital connected with this great war, and it is a place for sick men and not for wounded. It is a place where homœopathic methods may be tested out. Forms have been made to assist in keeping complete records, and a large mass of records if collected may be of invaluable service to us in a propagandistic way, to say nothing of the philanthropic and charitable side of the work. The Hospital is known as the Anglo-French-American Hospital. It has been organized by the Red Cross, is international, and the work which it is doing has nothing to do

with the nations at war. It is for the sick of any nationality, wherever picked up, or however transferred to it.

A letter received from E. Petrie Hoyle states that he has been transferred from the Neuilly Hospital to a small hospital farther north. It is established by the Red Cross and he is permitted to use homœopathic remedies if he has them. The Red Cross will not furnish them. He gives instances of cases which have been helped enormously by such remedies. As his own fortune will not enable him to supply the hospital with drugs, he makes a very simple, straightforward request for assistance. I think it would be well to get up a small purse for that purpose.

On motion of Dr. Wilcox, ordered that cablegrams be sent to Drs. Burford and Hoyle.

Dr. T. F. Smith: The election will take place immediately after the adjournment of this meeting. The polls are at the Treasurer's office, and will close at 12 o'clock.

Dr. Whitmarsh: Mr. President, and Members of the Institute. In spite of my high appreciation of the honor I did not wish to be nominated for the presidency at this time. Circumstances over which I have no control, duties at home, which will need all the vitality which I can put into them to advance the cause of homœopathy in Rhode Island this ensuing year, prevent my accepting this honor. If later you should see fit to give me another call I will not say that I should decline.

President Miller: Take Dr. Whitmarsh's remarks as you feel like doing. We cannot accept his declination as his name is already on the ballot as a candidate.

Dr. Whitmarsh: May I then ask my friends not to vote for me?

Dr. Reily: I object to this method of electioneering.

Adjourned to 9 o'clock, Thursday morning.

Thursday, July 1, 1915

Called to order by President Miller.

Report of the Council on Medical Education

In addition to the work appertaining to our educational institutions, fixed by the constitution and by-laws, the Institute and trustees have added the following functions:

First. Full charge of the propagandistic work of the Institute.

Second. The task of hospital survey and inspection, with the final object of standardization of all hospitals under the management of homœopathists.

Third. Federation with the Institute of state, sectional, county and city societies.

Beside the foregoing, the resolutions prepared by the committees of the Surgical and Gynecological and the other affiliated societies of the Institute were referred to the Council by the College Alliance, to which body the resolutions had been presented. These resolutions, which have already been published in the JOURNAL, May, 1915 (p. 1380), contained six recommendations:

1. "A six years' course in all homœopathic colleges, beginning October 1, 1916; the course to comprise an entrance requirement of two years in an accredited literary college and four years in the medical college proper; or one year of college work, four years in a medical college proper, and one compulsory year in a standardized hospital."

The Council advocates the six years' course,—one year in an accredited literary college, four years in a medical college, and one year in a standardized hospital; but does not advocate October 1, 1916, as the date for the beginning of such a course, the reason being that some of our colleges, while making an honest effort, cannot be fully prepared by that time.

2. "(a) That the Deans of these different homœopathic colleges outline a uniform curriculum based upon that adopted by the highest grade University medical schools of our country."

This, the Council most heartily indorses, and the Deans are to meet for that purpose this afternoon.

"(b) That the Council register the colleges willing to live up to such a curriculum A, B and C."

This recommendation the Council cannot indorse. The plan has been tried and abandoned, because it was unsatisfactory not only to the Council and colleges, but still more to the licensing boards.

3. "That the Deans of our homœopathic medical colleges enter into negotiations with state licensing board looking forward to the early demand of a compulsory hospital year for all students of medicine applying for a degree or license."

The Council has been working along this line for two years.

4. "That the Council organize and standardize the hospitals under homœopathic management, looking toward the securing of the largest number of available internships for graduates of homœopathy, by June, 1916."

Our report along this line made a little later will show how much of this work has already been done.

5. "That we take up with the hospital authorities in the larger institutions the question of establishing assistantships with tenure of service ranging from two to five years, for the purpose of training graduates of homœopathic colleges who are desirous of completing some special study and becoming specialists."

This recommendation is heartily indorsed.

6. "The establishment of a postgraduate college of homœopathy under the auspices of the A. I. H."

The Council is already at work on plans for such an institution.

Society Federation

The placing of this work in the hands of the Council by the trustees last December has added considerably to our work. We have now a list of every homœopathic society in the United States, with such data as membership, dues, locality, etc. The idea has seemed to be to make every local society tributary to the state society, and here is where we are having trouble. It is not always practicable to adhere to state lines in districting a state. For instance, the Northwestern Ohio Society, with headquarters at Toledo, draws more from Monroe and Lenawee counties in Michigan than these counties appear to contribute to any Michigan organization. A society at Wheeling, W. Va., could not exist without the membership it would derive from flourishing towns in Ohio across the Ohio river. These towns would contribute more to the West Virginia state society than to that of Ohio, since they are geographically adjacent. It is a condition that ought to be worked out amicably without causing friction to the state societies of either Ohio on the one hand, or West Virginia and Michigan on the other. It will take time and some expense to properly adjust this federation movement.

Financial Status

The finances of the Council have been at a low ebb because it attempted to do that which really it was not financially able to do. The spending of nearly \$2,600 from its fund for two of our colleges (or, excluding the \$500 refunded from the Institute treasury, \$2,000) crippled us so that work really necessary to be done had to be omitted.

Since the last meeting of the Institute at Atlantic City there has been a falling off of the interest in the pledging of funds for the work. We have to report but \$951.00 in pledges secured during the year. Collections on the pledges have also been slow, the total amount collected since the June report of 1914 being \$1,700. Adding to this \$50.00 received from the United States Government for preparing the educational report, and \$4.50 from the Southern Homœopathic Association for furnishing lists of homœopathic physicians in the southern states, the total is \$1,754.00.

Report to the United States Bureau of Education

For the first time in the history of homœopathy has it had a place in the volumes issued by the United States Commissioner of Education. Chapter IX of Vol. I of this report is entitled: "Medical Education in the Homœopathic School of Medicine," by the "Secretary of the Council of Medical Education of the American Institute of Homœopathy"; and this report, as the subheading shows, comprises the following contents: "Establishment and Organization of Homœopathic Institutions," "Hospital Inspection and Grading," "Homœopathic Medical Research," "List of Schools."

The Council has to report the most cordial coöperation of the

Editor of the volumes above mentioned. Nothing controversial was permitted to appear, but the Editor was willing to accede to the request made that the report emphasize and make clear the fact that the Council of Medical Education of the American Institute of Homœopathy is the only source of reliable data concerning our educational institutions; that these institutions report only to this body, and that other private and self-appointed councils or foundations have no rights or jurisdiction whatever over the teaching institutions of the Homœopathic School of Medicine. Furthermore, we are permitted to have reprints of this report free of cost, which will be distributed to the members of the Institute.

Publicity in Propagandistic Work

The funds of the Council have not permitted us to continue the News Letter this year. Besides, the work of this all devolved upon the Secretary, and he was unable to obtain assistance in securing suitable items. However, we have undertaken the work of getting together a list of newspapers in which items about homœopathy will be welcomed and published. This list now numbers 240 newspaper owners and publishers who employ homœopathic physicians in their families. This can be greatly extended if physicians will send us the names of any such in their clientele, with name and address of the paper with which they are connected.

Hospital Inspection and Grading

During the past year the work of compiling data concerning our hospitals has occupied much time and patience of the Council. It has required much correspondence. Not over half a dozen of our institutions sent in a properly filled-out report in reply to our first request. In some instances a dozen or more letters have been necessary to get at what we thought was a simple proposition.

The great fault of our institutions has been in the matter of record keeping. In some, absolutely no records have been kept. In some, figures sent showed the discharge of more patients than were admitted, including those present at the beginning of the year and those remaining at the end. In some, cures were tabulated as improvements, and deaths as non-improved. In this department there is room for a thorough revision of methods, to be modeled after some of our good institutions; for instance, the Middletown [N. Y.] State Homœopathic Hospital, where the records are ideal.

Another glaring fault in record keeping, and one upon which many of our institutions stumble, is the mixing up of records. Many hospitals, homœopathic in management and staff, admit allopathic physicians to private rooms. There can be no objection to this, but the Council maintains that records of these should be kept apart from the general records of the hospital, or so shown as to determine accurately the relative results. We seek pure and unchallengeable statistics, and cannot utilize any that are admixed in records.

At the present time we have 59 hospitals in our accredited class,

which have 15,259 beds, and which treated during their last fiscal year 77,154 patients, with a mortality rate of 4.7 per cent, requiring 179 interns to man, and having a property valuation of \$23,517,700.

We have also listed in another class, called "Registered," 33 institutions. These are homœopathic in management and staff and could qualify in our accredited class by correcting their record keeping. We believe these will all eventually qualify.

We have in our class called "Affiliated," 37 institutions. As these are mixed in management and staff, they cannot be utilized for propagandistic or educational purposes, because the results of homœopathic treatment cannot be clearly determined. It is in this class that we are losing out, and where we need energetic work.

There is another, a nondescript class, in which it is claimed that we have some representation. They exist only for the individual and are no credit to any system of medicine, and we should eventually expunge all such from our records.

Quite a few hospitals have not reported. There are listed in the JOURNAL a large number of institutions which ought to be dropped. For instance, the superintendent of one of these made the following report on our blank: "We tolerate the few homœopaths of this town." This means that so long as they send patients and contribute to the upkeep of the hospital they are not debarred.

There is much work to be done in our hospitals. Many have been lost to our school of medicine. Many are in danger of being lost. There are fine hospitals, built on modern lines, paid for by money contributed by homœopathic patrons, in which gradually our rights are being progressively usurped. We can save some of these institutions if we are permitted to continue our program, but once they are lost, they are lost forever.

The Council has planned to issue a handsomely illustrated pamphlet containing a brief description of all our accredited hospitals, with fine half-tone illustrations, supplementing it with cuts of foreign homœopathic hospitals, to the end of showing our physicians, our legislators, our educators and our people the properties of the homœopathic school of medicine. This plan appeals to everybody who has become acquainted with it. But to do this we need:

(1.) Funds to carry out the initial work. It is believed that our colleges, societies and practitioners would be glad to purchase these in quantity at cost price; in fact, we have already secured orders for 6,000 copies. In order to carry this out, it is necessary for the Council to have a budget sufficient to order a large number at one printing.

(2.) Before this can be carried out, it is necessary that all our hospitals in the registered class, at least, be inspected. There are now 33 of these. Could we add them to our accredited class, the showing would be greatly improved.

We have submitted a budget of our requirements to the Chairman of the Finance Committee.

The Ohio State University Homœopathic Medical College.

Continuing our report on Colleges, we are glad to say that this institution opened its doors on the Ohio University campus at Columbus, O., last September. It is in a most excellent condition at the present time, with a good class of students and prospects for a better one next session, in spite of the added requirements of one year.

The Hospital has done excellent work. During the first six months it treated patients from 32 counties of the state and made a creditable financial showing. It gives us great satisfaction to state that plans have been drawn and work actually commenced upon the first unit of a modern new hospital in connection with this college. This is now being erected on the hospital section of the University campus and is to cost \$60,000. It will be the first hospital on the grounds.

There have been the most cordial relations between the University authorities and our new school in every particular.

Our experience while assisting in the establishment of this college proves that if the Council of Medical Education of the American Institute of Homœopathy is to continue to have charge of our teaching institutions, it cannot be made too plain to the authorities of our schools that it will not look with favor upon reports being made to any other body save those legally entitled thereto, such as state or national boards. The Council on Medical Education should be the repository of all information relating to our institutions, and should be in a position to judge of the propriety of furnishing other bodies with this information; and if furnished, it should be made official and therefore not subject to the distortions from which past reports made by individual schools have suffered.

Kansas City College

Of the college at Kansas City we regret to be obliged to report that, owing to circumstances over which the friends of the college had no control, it has ceased to exist. However, friends of homœopathy are working for the establishment of a new homœopathic college for the southwest which will meet all the demands of the day. For this college, which is to be located at Kansas City, Mo., the Council asks the cordial support of every homœopathist of the country, in order that the new enterprise may be a success.

Hahnemann Medical College of the Pacific.

This college has become a part of the University of California. The conditions of the affiliation are not thoroughly enough known to the Council for it to express an opinion; nevertheless we wish the college, and the men who for years have sacrificed so much for it, great success in their endeavor to not only maintain but advance the cause of homœopathy on the Pacific coast.

The others of our group of colleges have enjoyed a prosperous year. Some have increased their requirements.

In closing, the Council takes great pleasure in being able to report that there has been an increase of 41 in the number of graduates from

the homœopathic colleges in the year 1915 over that of 1914, the number being 155 in 1914 and 196 in 1915.

Respectfully submitted,

H. H. Baxter,
J. B. Garrison,
John P. Sutherland,
W. A. Dewey, Secretary,
George Royal, Chairman,
Council on Medical Education.

On motion of Dr. Wood, seconded by Dr. Mosher, ordered accepted.

Report of the Board of Censors

Dr. M. A. Royal: I wish to report that sixteen names have been received and posted, besides the forty-seven which were published yesterday. The Censors also recommend that William A. Pearson, Ph. D., Dean of Hahnemann Medical College, Philadelphia, be elected to honorary associate membership.

On motion of Dr. Carr, ordered to accept the report, and that the Secretary be instructed to cast the ballot for those recommended by the Board of Censors to membership.

Dr. Carr: The Chairman of your committee begs leave to ask for a little time, until tomorrow morning if the Institute will bear with us. The committee met last evening, but we have a volume of information which we have not yet had time to go over and arrange for a report to the Institute.

On motion of Dr. Horner, seconded by Dr. Krauss, ordered to postpone report of Interstate committee until Friday.

President Miller: It is now time for the Report of the Election Inspectors. I do not know whether it is better to have the report formally read or to read it from the morning press.

Dr. Richards: Mr. President, and members of the Institute, it is with a feeling of chagrin, not to say indignation and disgust, that your committee presents its report this morning. On being appointed to take charge of the election we were charged to maintain secrecy, and to give our report at the morning session. On the convening of this committee we joined hands and swore that by no sign, or word, or action, should any information be given any one until the meeting this morning. The members of this committee can say, and I, as its Chairman, that no information was given out by this committee. Who the perjurer is we do not know, but we feel it deeply. There are five members on this committee, and several of the members insisted this morn-

ing that we bring sworn statements as to our secrecy, and I am sure we are ready and willing to do this if the Institute wishes. We feel seriously about this. Somebody evidently peeped.

Report of the Inspectors of Election

The inspectors of election beg to report the following: Total number of votes cast, 228; divided as follows:

For President—H. C. Aldrich.....	136	Elected
C. E. Sawyer	85	
H. A. Whitmarsh	2	
First Vice-President—T. E. Costain	202	Elected
Second Vice-President—Cornelia C. Brant	142	Elected
Minnie Hopkins	67	
Secretary—Sarah M. Hobson	157	Elected
Scott Parsons	62	
Treasurer—T. Franklin Smith	212	Elected
Registrar—W. O. Forbes	207	Elected
Censors—E. P. Mills	143	Elected
Jno. P. Rand	64	
Trustees—F. M. Dearborn	164	Elected
J. Richey Horner	189	Elected
B. E. Miller.....	148	Elected
Mary E. Mosher	134	

Respectfully submitted,

R. Milton Richards.
Elmer T. White.
Arthur L. Canfield.
Thomas Franklin Smith.
W. O. Forbes.

President Miller: I have the pleasure of announcing the election of

H. C. Aldrich, President.

T. E. Costain, First Vice-President.

Cornelia C. Brant, Second Vice-President.

Sarah M. Hobson, Secretary,

T. Franklin Smith, Treasurer,

W. O. Forbes, Registrar,

E. P. Mills, Censor.

Trustees: J. Richey Horner, F. M. Dearborn, Byron E. Miller.

I declare these officers duly elected for the term of one year, except the trustees, who are elected for a term of three years.

On motion of Dr. Sawyer, seconded by Dr. Whitmarsh, the election of Dr. Aldrich, as President of the American Institute, was made unanimous by a rising vote.

Dr. Aldrich: Mr. President, and Members of the Institute, I thank you. That is all I can say.

Report of the Committee on Amendment to Article I of the Constitution

Mr. President:

The committee consisting of Doctors Boericke, Dewey, Whitmarsh and myself was appointed to study the proposed alteration of Article One of the Constitution, to read:

"but especially to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases,"

and after consideration in connection with the paper on the Definition of Homœopathy printed in August, 1914, to publish conclusions and recommendations in the JOURNAL of the Institute prior to this meeting, so as to enable the members to vote intelligently—for this amendment. I cannot bring myself to say before a scientific body to vote intelligently on this amendment, for the only question to be decided is the exact truth and the exact truth is that homœopathy is the curative method of scientific medicinal therapeutics, the therapeutic method of symptomsimilarity scientifically applicable only to medically curable constitutional diseases and, therefore, scientifically indicated only in medically curable constitutional diseases.

I beg to report that the committee has done the will of the Institute, has studied the amendment, has made its conclusions, has had them printed on pages 1338 to 1356 of the May JOURNAL of the Institute, and now comes before the Institute for the Institute to do the will of its committee as embodied in the recommendation of the majority report on page 1355, the only recommendation made which is germane to the question and the duties imposed upon the committee by the Institute.

This recommendation will be presented formally for action as soon as this brief report is disposed of.

Doctor Whitmarsh did not sign the majority report signed by the chairman and Doctors Boericke and Dewey; but Doctor Whitmarsh might just as well have signed it, for in his minority report, signed by his single self, he declared in black and white, on page 1355, that Doctor Krauss's definition of "homœopathy as the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases" he, Doctor Whitmarsh, and this after prolonged correspondence and argument, regards as "etymologically and logically correct." As the definition is etymologically and logically correct, contrary statements are necessarily incorrect, and I submit that in the face of Doctor Whitmarsh's acknowledgement of the correctness of the definition, the majority report of three and the minority report of one make in fact one unanimous report of the entire committee that *homœopathy is the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases*, that homœopathy being that method should be recognized as such method and, more than recog-

nized, that homœopathy being that method should be accepted as that method.

Respectfully submitted,

James Krauss, M. D.

Chairman Committee on Definition of Homœopathy and on Alteration of Article One of the Constitution of the American Institute of Homœopathy.

July 1, 1915.

President Miller: You have heard the report of this Committee. What action do you wish to take upon it?

Dr. Aldrich: I move its acceptance.

Dr. Mosher: Seconded.

President Miller: It has been moved and seconded that this report be accepted. Are there any remarks?

Dr. Carmichael: When I had the pleasure of reading the publication referred to by Dr. Krauss, I can say truthfully that within fifteen minutes I had my objections to it mailed to our Secretary.

Dr. Krauss: May I ask for the privilege of stating to Dr. Carmichael that a motion for adoption is not yet before the House. It is only for the acceptance of the report.

Dr. Sutherland: What is the use of voting to accept it?

Dr. Krauss: Mr. President, I move the adoption of the proposed Amendment to Article I, to read, "but especially to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases."

Dr. Aldrich: Seconded.

President Miller: It has been moved and seconded that we adopt the proposed Amendment to Article I. Are there any remarks?

Dr. Wood: Your committee on Revision of Constitution and By-laws is ready to report immediately, and they have a report bearing on this very thing. If Dr. Krauss wants to so move, and the Society sees fit, it can be done at this time, but it seems to me we are wasting time to take this up now.

Dr. Wilcox: I move that we delay discussion on this question until we hear the report of the committee on Revision of the Constitution and By-laws.

Drs. Young and Cobb: Seconded.

President Miller: There is a motion already before the House.

Dr. Hooker: I move that Dr. Krauss' motion be temporarily laid on the table.

Dr. Sutherland: Seconded.

President Miller: It has been moved and seconded that Dr. Krauss' motion be temporarily laid on the table. Those in favor say "aye." Contrary, "no." The motion is carried.

Report of the Committee on Revision of the Constitution and By-Laws

Dr. Horner: Previous to my report I will say that there are a number of sections in the Constitution and By-laws which the Committee have not changed. I will submit, Mr. President, a proposition to simply not read these sections. I will indicate as we approach them, and give you an opportunity to read them yourselves, and thus save time.

Constitution. Article I.

"The title of this association shall be known in law as the American Institute of Homœopathy. Its objects shall be to promote the science and art of medicine; to diffuse medical knowledge; to safeguard the material interests of the medical profession, to elevate the standards of medical education, to obtain the enactment and enforcement of just medical laws; and especially to secure the general recognition and acceptance of Homœopathy.

Dr. Wood: I move its adoption. Seconded.

President Miller: It has been moved and seconded that the report be adopted as read. Are there any remarks?

Dr. Krauss: I think a great error is committed in laying my motion on the table,—not only a great error in the matter of procedure, but in matter of fact before us. We have now heard a different statement from the one printed by this committee, which has assumed to bring forth this definition at this time, without any specific order from the Institute. I believe this proposition is brought here simply to do away with the work of the preceding committee, but this committee of Cleveland has not produced one medical fact. We are here to demonstrate, as they say, in the laboratory and at the bedside, the scientific basis of the law of similars. First of all, you cannot demonstrate a law—

Dr. Wood: I rise to a point of order. The motion before the house at the present time is the adoption of Article I, as read by Dr. Horner.

President Miller: The point is well taken.

Dr. Krauss: It is not sufficient for us to accept the mere

statement that this is homœopathy, but we must make the statement in the form of a definition, so that when we talk to people about homœopathy, the same as we have been doing for a hundred years, they will no longer remain in a state of confusion but will know what it means. I appeal to this Institute not to allow my motion to miscarry by voting for the present motion of Dr. Horner's committee. It is not wise to be too smart in matters of science. The only question is, What is the fact? If we allow ourselves to be misled that will not alter the fact. It will simply mean that we will continue to walk in error and confusion as we have done heretofore. The best proof of this is that this committee has made a statement in print for our action. The report of this committee was printed in our own JOURNAL, together with Dr. Whitmarsh's statement on the same subject. Such confusion existing between such men of prominence in our midst must make it clear to any one that this confusion exists in most of the homœopathic profession, and I believe it is our highest duty to face this important moment, which I regard as the most important since the organization of the Institute; that we formulate such a definition of homœopathy as will carry proof, not only outside but to ourselves, who are as much in a state of confusion as those outside. How are we going to teach anything if we do not know it ourselves?

Dr. Copeland: As a member of this committee I want to say for Dr. Krauss' benefit, that it was not entirely a Cleveland proposition. New York is also represented. This committee held innumerable sessions, and at each session this Article I was referred to. The committee would unanimously agree that at last Article I was complete, and would go on with the other work of revision, reconvene and begin again with Article I. The committee never could reach an agreement as to any sort of definition of homœopathy. Last year I was a member of the committee on Conference with the American Medical Association. Three different times on a Sabbath day the committee met in New York, in a spirit of reverence and prayer, to consider a definition of homœopathy to present to the American Medical Association. It remained in session until the end of the Sabbath day, until the beginning of Monday, but failed to reach a satisfactory definition. Last year, with all his eloquence, erudition and wisdom, and brilliance, Dr. Krauss presented to us arguments for his particular definition of homœopathy and we gave it due consideration. His report was presented by his committee. His committee

agreed, and everybody agrees with him on his proposition, because no one in the Institute knows anything about it. We cannot agree on a definition of homœopathy to put into this constitution, and why is it necessary to define all the things that we stand for? When I say my name is R. S. Copeland, I do not say white, 73 years of age, living at Central Park West. I must leave something to the imagination and further examination by the public. It is not necessary to define what we mean by homœopathy. We are stating here the objects of this organization, and the objects are as named by the Chairman of the committee,—to promote the science and art of medicine, to diffuse medical knowledge, to fully safeguard the material interests of the profession, elevate the standards of medical education, obtain the enactment and enforcement of just medical laws, and especially to secure the recognition of Homœopathy. Those are the objects of this organization, and it is not necessary to define homœopathy, to go into the theories that we hold, or discuss side issues. I am perfectly willing that the Doctor's definition shall be placed in letters a foot high in the Transactions. We are simply writing the Constitution, presenting the objects of this organization.

Dr. T. Franklin Smith: I must object to the acceptance of this report at the present time. In changing the Constitution and By-laws, notice to that effect should be presented to the entire membership of the Institute. It is too important a subject, in my opinion, for a few of us to decide, and there is but a small proportion of the membership present today. It seems to me that notice of the proposed Constitution should be placed before every member of the Institute. There is no special haste in adopting this change at the present time. We can go along under the present Constitution for a while longer, and certainly it will not do any damage to defer it until next year, so that every member of the Institute may have the privilege of reading it for himself. Then we can come next year prepared to vote on the matter intelligently.

Dr. Wood: I dislike very much to disagree with my old friend, Dr. Smith. This has been too much the policy of the Institute in the past, and we never get anywhere. Certainly we have a splendid attendance here this morning, and when shall we have a better opportunity to thresh out this subject than right here on the floor of the Institute, with as many members present as now? I want to say also that I have the most high regard for my old friend Dr. Krauss. I know that he is precise; I cannot

say that he is concise. I am so much afraid, however, that that definition of his will confuse us that I am anxious to see a simpler one adopted.

Dr. Sutherland: The members of the Institute have had ample opportunity to study the different propositions before us. Dr. Krauss' report has been printed in the JOURNAL of the Institute; the preliminary report of the committee on Revision has been published. Now if the members of the Institute are not prepared to vote this morning they never will be. I was prepared, Mr. President, to accept the amendment to Dr. Krauss' proposed amendment. My idea simply was to amputate the tail of the amendment by having it end with "Homœopathy." That seems to be the idea of the committee on Revision. If we want to argue, we could argue from now until the crack of doom, and I do not know that we would get any nearer an agreement than at this present moment. I have carefully studied the reports as they have been printed, the correspondence by Dr. Krauss, and that of Drs. Boericke, Dewey and Whitmarsh. I have read the entire correspondence, and also Dr. Krauss' previous paper on the subject. I think Dr. Krauss is right in contending that the phrase "*Similia similibus curentur*," as printed in the Constitution, is wrong as expressive of a law. It is suggestive of a method, a formula for doing things. In our Constitution, however, we should simply state the objects of the Institute, and let the definition go. I have brought with me this morning Dr. Wheeler's translation of the *Organon*, and in preparation for any discussion I have gone through the three translations of the *Organon* that we all have at our disposal. The word "homœopathy" is used only once accurately and intentionally in these different translations. They use other terms, "homœopathic," etc., 127 times. In the *Organon*, Hahnemann refers to the "internal law of homœopathy," "nature's law of cure," etc. As given in the *Organon*, it is the "rational law of healing." If you want to know anything about Homœopathy, study the *Organon*, but let the definition go. I most heartily second the motion made by the committee on General Revision to have Article I stop with the word "Homœopathy,"—"but especially to secure the recognition and adoption of Homœopathy."

Dr. Sawyer: Fellows of the Institute, we are facing one of the most important moments ever before us. Your committee has an idea in mind to evolve out of the errors of the past a workable policy for the future. I am quite sure that these gentle-

men have given the matter due and fair consideration, and I am also sure that the recommendations which they have to make today will prove, as time goes on, that they have been well made, and I believe that they are being handicapped by the Institute by such discussion as we have in mind on the question of definition. This is not pertinent to this particular subject. We are an Institute to carry on certain business necessary to keep abreast in medical matters. Let us for a moment get down to the business situation. This matter of operation is a fair square business proposition, and so I would say that this wrangle over the question of definition of "Homœopathy" is most unnecessary at this time, and has nothing to do with this question. This resolution as presented by this committee presents itself distinctly and definitely. Let's adopt it, Fellows. Let's adopt it.

Dr. Krauss: I move the following amendment to this report: "and especially to secure the recognition and acceptance of Homœopathy, the curative method of scientific medicinal therapeutics."

Dr. Cochran: I want to ask if the proposed amendment of the committee leaves out the clause, "to enlighten and direct public opinion."

President Miller: Dr. Horner, will you please read the amendment again.

Dr. Horner read the proposed amendment.

President Miller: The question is on the adoption of Article I. All those in favor of adopting this amendment say, "aye." Contrary, "no."

Motion is carried.

Dr. Horner: The next is

Members. Article II.

The Institute shall consist of a central body and of sectional societies whose members shall also be members of the Institute, election to membership being in accordance with the By-laws hereinafter to be enacted.

Upon motion of Dr. Wood, seconded by Dr. Sawyer, Article II ordered adopted as read.

Dr. Horner:

Government. Article III.

All matters pertaining to the Institute shall be conducted under two departments, (A) Administrative, (B) Professional.

A—The function of the administrative department is to have charge and control of the properties and finances of the Institute, including

the JOURNAL and propagandism; it shall exercise all proper supervision over colleges, hospitals and societies.

B—The function of the professional department is to have charge and control of all scientific and professional matters.

Dr. Sutherland: Has that proposed amendment been published?

Dr. Horner: No. This is a supplementary report, which is the result of the work of the committee of this week.

Dr. Sutherland: I would like to ask for a re-reading of that Article. This is rather important, and if now presented to the members of the Institute for consideration I may be inclined to make a motion.

Dr. Horner re-read the Article.

President Miller: The amendment is before you.

Dr. Royal: I think we should be more intelligently prepared to vote upon this, if the committee would suggest in a few words how these functions of propagandism, and care of the colleges, will be carried out, whether by one individual or several, by committees, or otherwise.

President Miller: Before discussing, it will be necessary to move the adoption.

Dr. Horner: Mr. President, might I presume that the reading of any article or all by the Chairman of the committee shall carry with it a motion to adopt? That is why the committee is here. I make a motion to adopt as a matter of form.

Drs. Royal and Cobb: Seconded.

President Miller: It has been moved and seconded that we adopt Article III. Are there any remarks?

Dr. Carmichael: Mr. President, if it is the sense of those present that this is the proper way to consider and vote to adopt such an important thing as a Constitution for the American Institute, on a mere hearing for the first time, and with as few reasons as given by the committee, I feel individually like making a protest against such an unusual way of adopting a Constitution. There should be a year's notice for all such revolutionary things as these, and not to adopt with a few explanatory remarks by the Chairman of the committee. This is no way to adopt a Constitution for a body incorporated as the American Institute is. I move that this be laid on the table.

Dr. Krauss: Seconded.

President Miller: It has been moved and seconded that the

motion to adopt Article III be laid on the table. Those in favor say, "aye." Contrary, "no."

Motion is carried.

Dr. Horner:

Officers. Article IV.

The officers of the Institute shall be a President, two Vice-Presidents, a Secretary and a Registrar. There shall also be elected nine trustees who in connection with the President shall constitute the Board of Trustees and shall have the authority vested in them granted by the Articles of Incorporation according to the laws of the District of Columbia bearing date of September 26, 1908.

At each session of the Institute there shall be elected by the Seniors one of their members who shall be the Honorary President for the ensuing year.

It shall be the duty of the Board of Trustees to elect a Board of Control, consisting of three persons who may or may not be trustees of the Institute. This Board of Control together with the President shall direct and control the administrative department. The Professional department shall be in charge and control of the Board of Trustees.

Dr. Dieffenbach: I rise to a question for information. Have these amendments which are being read here been published in the JOURNAL?

President Miller: Dr. Horner will answer that.

Dr. Horner: The committee made a preliminary report, but had been unable to consider all the propositions which had been inserted or included in the report until this week. The committee had taken the position that the notice of their appointment last year to present a revision of the Constitution and By-laws, served as a notice that the amendments were to be presented. Whether or not the Institute will endorse the fact that this constitutes a year's notice is of course for the Institute to say. The committee is simply the servant of the Institute, and as such is trying to do its work. I believe, Mr. President, that in view of the fact that there is so much uncertainty among the members as to the wisdom of adopting this report without careful consideration, as an individual, sir, not as Chairman of the Committee, I move you that this report be published in the JOURNAL, and made a special order of business for such a time as may be appropriate in the program for next year. *I refer to the whole report.*

Drs. Krauss and Copeland: Seconded.

President Miller: The motion is before you that this committee's report be postponed until one year hence, at the annual

session, and that the report be published in the JOURNAL in the interval. Are there any remarks?

Dr. Copeland: Mr. Chairman, I think it is eminently proper before any final action is taken in regard to this report, that the whole Institute, or at least this body of the Institute be fully informed regarding the entire plan. It has seemed to me, and I came forward for the purpose of making a similar motion, that it would be wise to have the entire report of the committee presented to the Institute. I confess that when certain parts of this report were suggested to me as a member of the committee, that they seemed too revolutionary in spirit, and I doubted exceedingly if I could ever be brought to vote for these suggestions, but as the matter developed, and the committee took counsel not alone of itself, but with all concerned, the Secretary of the Institute and others, who made suggestions, I am sure that the Constitution and By-laws as presented by the committee will appeal to the Institute when fully informed. But to take the articles one by one, and not get the whole picture, I am sure we cannot vote intelligently upon them. The matter should be presented as Dr. Horner has suggested, but if the patience of the body is sufficient to hear now the entire report, they can then decide whether to take action at this time or defer for a year. The particular argument advanced by the Finance committee and the argument which appealed to this committee is the fact that the Institute is running behind in finances. There is such an overlapping of departments, so many separate working offices of this body, that the duplication of expenses is a tremendous waste of money. We should not wait a year, or two years, but act now in order that the funds of the Society may remain intact. So if the patience of this Society is sufficient to listen to the entire report, I think we shall then be able to decide whether to take action now, or defer the matter for a year, as may seem wise.

President Miller: Just one minute, please. It is the opinion of the Chair that this report should be received and acted upon, but I believe this action would have to be ratified at the next annual session. This is an amendment to the Constitution. This committee was appointed to report. I presume a great many of you would like to hear this report so as to discuss it and get acquainted with it. Then if you like, receive it as a whole, and then let it go until next year when it will come up for final adoption. That would be the opinion of the Chair.

Dr. Carmichael: Dr. Copeland's remarks were out of order.

He had simply the right to speak on the question whether to postpone until next year or the year after. The Constitution decides that it cannot be acted upon now as it requires a year's notice. To this we are all agreed.

President Miller: I think, Dr. Carmichael, you are also out of order. The Chair has stated the opinion. The motion is that it be postponed for one year. What is your pleasure?

Dr. Copeland: I move as a substitute for all before us, that the Committee proceed with the report.

Dr. Cobb: Seconded.

President Miller: You have heard the motion made and seconded that the committee proceed with the report. Those in favor say, "aye." Those opposed, "no."

It is so ordered. Dr. Horner will proceed.

(Dr. Horner read the report, commencing with Article IV. The report is published in full in the August JOURNAL, pages 210-224.)

Dr. Horner: This is the entire report, Mr. President, and I move that it be postponed until next year.

Dr. Cobb: I move that the report of the Committee be printed in full in the JOURNAL, and that reprints be made in sufficient numbers to provide one for every member of the Institute for the next meeting.

Dr. Sutherland: I would amend that to read, "one month before the next meeting;" the report to be printed immediately, and the reprints to be distributed to the members of the Institute one month before the next annual meeting.

Dr. Cobb: I accept the amendment.

Dr. Royal: Seconded.

President Miller: You have heard the motion made and seconded. Are there any remarks? Those in favor say, "aye." Contrary, "no."

The motion is carried.

Dr. Sawyer: I rise to a point of special privilege.

President Miller: What is it, Dr. Sawyer?

Dr. Sawyer: I have had the responsibility of being Chairman of the Finance committee the past year. I assume the responsibility for the plan which has been offered. The purpose of the plan is that we may safeguard our finances. The plan is to put the finances of the Institute into the hands of a few men who can get together and carry out plans which will provide more money to carry on the business of the Institute. The Council on Medical

Education, for example, must have money, or they will be obliged to suspend important work. We have offices or departments in New York, Chicago, Ann Arbor and Des Moines. My suggestion to the committee on Revision is that the financial business of the Institute be placed in the hands of a Board of Control, in order to secure a good business organization.

Report on Amendment to By-Laws, Article X, Section 8

Amendment to By-Laws, Art X, Sec. 8: Strike out the whole section and insert the following:

The nominations for officers shall be in the hands of the Secretary of the Institute before the **first day of February** preceding the date of the annual session of the Institute. Any member of the Institute meeting the requirements of Article II, Section 1 of the By-Laws, and who has the **endorsement of fifty members** of the Institute shall be considered a nominee. No nomination shall be considered after the first day of February preceding the annual session. If no nomination papers are handed in it shall be the duty of the Board of Trustees to see that at least one paper shall be presented to the Secretary for each of the elective offices.

At least sixty (60) days before the date of the annual session of the Institute the Secretary shall prepare a ballot on which shall be printed the names of all the nominees for all the offices of the Institute and shall mail a copy to every member of the Institute. Accompanying the ballot shall be three envelopes designated I, II and III, the first to receive the vote of the member for officers, the second the vote of the member upon questions of policy and the third for the purpose of returning the votes of the member to the Secretary. Upon envelope No. III the member shall write his name and address. Envelope number III including envelopes number I and II must be in the hands of the Secretary **fifteen days before the first day of the annual session.**

The Secretary of the Institute, together with two members appointed by the Board of Trustees, shall constitute a committee whose duty it shall be to canvass the votes and present the result to the President of the Institute before 10:00 a. m. of the first day of the annual session.

Dr. Royal: After consultation with those who have had the most experience in trying to secure new members, and holding old members, this amendment which you find here was submitted. I gave notice of taking it up at this time. I want to say that the work which has been done, personal work as well as that of the other two members of the Council, confirmed very conclusively the idea that we must do something to impress and hold our members. In working on affiliation or federation, one of the arguments that I meet is that the men do not care anything about the

American Institute. They take little interest in what is said and done. Now I am firmly of the belief that if these men could be permitted to have a voice in the election of officers, they would take much more interest. You know how it is yourself. You get ready to go to the meeting, when there is sickness in the family or something that debars you from attending. You cannot vote for your candidate, and you are debarred from the privilege of voting on the policies of the Institute. As I have no time to discuss it, I will ask your permission to turn it over to the committee to be acted upon next year.

Dr. Horner: The committee proposes to place it alongside of what is now in the Constitution. The Institute at its next session can adopt either one or the other. I move that this amendment be deferred until next year.

Dr. Dewey: Seconded.

Dr. Cobb: I would amend, to include it in the report of the committee on Revision.

Dr. Horner: I accept the amendment.

President Miller: You have heard the motion made and seconded that this matter be deferred until next year, to be included in the report of the committee on Revision. Are there any remarks? Those in favor say, "aye." Contrary, "no." Motion is carried.

Report of the Committee on Resolutions

Dr. Cobb: The Committee had had referred to it one resolution, following the discussion on the report of the Institute of Drug Proving:

"That it is the sense of the Institute that the Committee on Drug Proving of the American Institute of Homœopathy, be requested to transfer all funds in its possession to the various Homœopathic Colleges of the United States, to be used for the purpose of conducting drug provings."

Your Committee begs to report that the Institute is debarred from action in this matter.

(1) Because the committee on Drug Proving of the American Institute of Homœopathy obtained permission from this body several years ago to incorporate as the Institute of Drug Proving.

(2) The Institute of Drug Proving is a separate corporate body, not responsible to any one but themselves.

(3) It has not been shown that they have any membership except the self-perpetuating body of six trustees.

On motion of Dr. Horner, duly seconded, ordered that the report be adopted.

Dr. Cobb: Mr. President, I have had the privilege of serving on the Finance Committee for three or four years under the present Chairman, Dr. Sawyer, and two previous chairmen, and I want to endorse every word that Dr. Sawyer has said this morning. We are not conducting business in a business-like method, and I want to ask, Mr. President, the unanimous consent of this body, to introduce a motion that the article entitled Article III, *Government* of the American Institute of Homœopathy, be made an especial order of business at this moment.

Dr. Means: Seconded.

President Miller: It has been moved and seconded that Article III of the committee's report on Revision of the Constitution, be taken up for reconsideration. Are there any remarks?

Dr. Carmichael: However urgent the necessity may be, there is no important reason from a legal standpoint. There is no more important reason why we should reconsider one article than that we should reconsider the whole proposition presented this morning to this Society. I protest against the adoption. I think that there are other means by which the object desired may be brought about, without breaking parliamentary rules.

President Miller: The Chair would rule that this has been acted upon. In order to reconsider, some one who voted in the affirmative would have to introduce the motion.

Dr. Cobb: As one who seconded the motion, I move that we reconsider that part pertaining to Article III.

Dr. Means: Seconded.

President Miller: The motion is now before you.

Dr. Cobb: In order that there be no misunderstanding, I would ask that the committee be requested to read that particular Article.

[Dr. Horner read Article III.]

Dr. Carmichael: I understand that this is simply a motion to reconsider.

President Miller: The motion is to reconsider Article III. Are you ready for the question? I will ask for a rising vote. Those in favor to reconsider stand. (23.) Those opposed stand. (41.)

The vote is 23 to reconsider; 41 against. The motion is lost.

Is there any new business?

Dr. Sutherland: I would like to make a brief report in regard to the appeal for the French Hospital. Without any effort, over one hundred dollars has already been paid. We would now like to offer further opportunity to those who wish to do anything for the support of the French Hospital.

Dr. Horner: I would suggest that we pass the hat. There are some here who would be glad to put in a dollar or two.

Announcement from the Local Committee

Dr. Vaughan: The Committee has arranged for a picture to be taken of the Institute membership on the roof of this hotel at 12 o'clock today. We would like everybody to be present at that hour.

Adjourned to nine o'clock, Friday morning.

Friday, July 2, 1915

President Miller called the meeting to order.

Report of the Trustees on the Place of Meeting for 1916

Dr. Carmichael: The Board of Trustees at its meeting yesterday, did not accept the report of this committee, but suggested some other cities without any knowledge of their ability to entertain the Institute. They selected Baltimore, Maryland, by a vote of seven to five, as against Long Beach, New York.

President Miller: As the report stands then, Baltimore has been selected.

Dr. Carmichael: I would like, Mr. President, to rise to a question of privilege. I am a retiring member of the Board. The Board of Trustees make certain rules for the government of the Institute. The selection of the place of meeting is one of the most important matters before the American Institute. It affects its welfare to a marked degree. The Board of Trustees, in appointing a committee to select place of meeting, made certain rules and regulations for that committee, among which necessarily were, that we should know where it was proposed that we should go; not necessarily that there should be invitations from physicians in the city, but that we should know the ability of the place to provide for the inter-

ests of the Institute; that we should know, for instance, hotel accommodations and rates, whether we would have space for exhibits, whether the meeting of the Institute would take place in the hotel selected for headquarters, or whether the meetings would have to be held at a considerable distance from the hotel. Those are the necessary things to know in a well regulated organization. For two years I have happened to be Chairman of this committee, and both times the work of the committee has been turned down, not for the best interests of the Institute, I may say, but on account of personal matters,—the fact possibly that a few members of the Board of Trustees, connected with colleges, cannot attend the meeting if it is held at a certain time, and for other reasons. We have advertised in the JOURNAL of the Institute the requirements necessary for the selection of a place of meeting; 1916 will be the year for the International Congress. If the war closes between now and next year, it will be desirable to hold the meeting on the Eastern coast, so as not to require the delegates from Europe, after reaching here, to make a long railroad trip. We received from two places the details that met our requirements. These were Portland, Maine, and Long Beach, New York. Columbus, Ohio, was also suggested: it was said that the details necessary had been sent to my office in Philadelphia, but I have not yet received them. The committee, at its meeting, voted for Long Beach, New York, as the first choice, and Columbus, Ohio, as the second choice.

When the matter came up before the Board of Trustees, one of the Trustees moved that any city in the United States could be mentioned, and that was adopted. The city of Baltimore was then presented. Now there is a point in connection with that that is worth mentioning. Last year Baltimore was suggested to your committee, and I was in correspondence with Dr. Stephenson of Baltimore, who was desirous that the Institute meet in that city. This correspondence was terminated because of lack of interest on the part of the doctors in Baltimore. Yet that city has been selected by the Board of Trustees without any knowledge whatever as to where we shall go when we get there, what space we may have for exhibits, what accommodation will be furnished, whether we shall have our meetings in the hotel building, or remote from the hotel. I simply make this as a statement. I am not asking you to reconsider and vote for any other place, but I am

simply making this as a statement in justice to myself. If this Institute, a legally incorporated institution, does business in this slipshod, haphazard way in the future, as it has been doing for the past year, then the business methods as talked about by the Finance committee come with bad grace. Yesterday morning one of the reasons given for the proposition presented was that we did not have enough money. In connection with the Long Beach proposition, which was presented and voted down last year, the Institute would have received two thousand cash. These people this year renewed the invitation, but they did not renew it as last year. This year they offer fifteen hundred dollars, with which your Finance committee might do whatever it pleased. I want to say that the Institute and directors only tumbled, so to speak, to the fact that this question of exhibits could be made an important factor from a financial point of view, at the meeting in Denver, and the one in Atlantic City last year. Last year, owing to the fact that we immediately followed the A. M. A., the exhibitors were on the spot, and we cleared \$2,100 from the exhibits. This year we shall clear about \$2,000. Next year the A. M. A. meets in the city of Detroit. One of the exhibitors, who is interested in the matter, telephoned me that they would meet the second week in June, because after the colleges close the doctors depart on their vacations. That is the reason they give for meeting before their colleges close. Now, if we were to follow them in Detroit, we would probably do as well as at Atlantic City last year. If you meet in Baltimore you will probably not do as well as in Chicago, because Chicago is a much larger city. If we meet at Long Beach we make about the same, the place being within easy reach of New York, say \$1,000, and in addition to that we will have a check for \$1,500, which would make \$2,500 for the Treasury of the Institute. Against that we have the fact that we would have to meet the second week in June, the same week as the A. M. A., because Long Beach cannot give us the same offer if we meet after their season has commenced. That would prevent some of the college professors from attending the Institute, but would give the Institute \$2,500 to offset the fact. This is simply a statement. I do not care where the Institute goes. Baltimore is convenient, but it will be a very unpleasant place the third week in June.

Report of the Board of Censors

Dr. Royal: The Board of Censors has but one application posted. Dr. Ernest Mende, of Zurich, Switzerland, has been recommended for corresponding membership in the Institute. I move his election.

Dr. Dieffenbach: Seconded.

President Miller: It has been moved and seconded that Dr. Ernest Mende, of Zurich, Switzerland, be elected to corresponding membership. The doctor is a personal friend of Dr. Burford, and he is responsible for your President being before you today. Had I not been fortunate enough to be under Dr. Mende's care at one time, I would not have recovered. But that is not the reason for this honor. Dr. Mende is one of the leading physicians of Europe.

Dr. Ernest Mende, of Zurich, Switzerland, was voted unanimously into corresponding membership.

Final Reports of the Bureaus

Dr. Copeland: The Bureau of Homœopathy has finished its work, and it seemed to us to be a very satisfactory meeting. We had at our largest meeting nearly two hundred present.

In the absence of the chairmen, no reports were received from Clinical Medicine and Pathology, Pedology, Sanitary Science, Dermatology and Genito-Urinary Diseases.

Dr. Krauss: Mr. President, I have to report that the Bureau of Clinical Research has finished its work, and I herewith hand the Secretary the papers read.

Report of the Press Committee

Dr. Parsons: Mr. President, a preliminary report was handed in the other day, which covered the expense of the press work for this year. In addition there are one or two small bills which I will read if desired. [Referred to the Finance Committee.] Possibly most are well aware of the difficulty of getting anything into the press of Chicago. Chicago is known as the hardest place in the United States in which to get publicity, Chicago and New York being the center of the press. However, up to yesterday noon, our publicity man, Mr. Chamberlin, and the boys on the job, stated

that we have published, in round figures, 5,000 inches, 5,000 lines, 40,000 words, 25 pounds. Forty-five different stories were published through the Associated Press, the City News, the International News, the United Press. This goes to two thousand newspapers throughout the United States. Last December, the Good Roads Convention met in Chicago. We have had more publicity than the Good Roads, and they had paid men on the job all the time. I have in my hands 25 pages of press reports that have been sent out and published since yesterday. That was up to 3 p. m. Since then we have had fifteen additional pages, making forty in all.

As to the character of the matter published, we must, of course, understand that the press will not take everything that is turned in. Things that are scientific may be of importance to us, but not to the public. They want things more or less sensational, and we cannot control that. If your paper has not been given press notice it probably has been too scientific. If the members will remember in writing papers for the Institute that the notoriety we get is not for ourselves but for the Institute, that every article published has been published as read before the American Institute, we will get what we want and will then get the benefit from the press notices.

There is one thing more. A mistake was made in publishing the election of officers the other morning; not through any mistake of the committee,—I know nothing about their secrecy, but I would like to say this for the benefit of the press. It is a mistake to hold the results of the election until the following morning. I will tell you why. After the ballots are counted, we hold the result until the next morning at nine o'clock. The report is then too late to go to press. In some way the report leaked out. One of the reporters got it and it went to one paper. When the other papers got it, it was stale, and the Associated Press and the others would not take it. For that reason it was not placed in general newspaper circulation.

On motion of Dr. Copeland, seconded by Dr. Sutherland, ordered by unanimous vote that the report be received, and that the thanks of the Institute be extended to Dr. Parsons, his assistants and the Press, for their most excellent services.

Place of Meeting

Discussion

Dr. Cobb: May I ask whether the report of the Board of Trustees on place of meeting has been accepted as final?

President Miller: The By-Laws state: "All invitations for places of meeting shall be forwarded to the Board of Trustees before June first preceding the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board of Trustees shall not be limited in their selection to places proposed as above. The Board's report shall be made to the Institute when the location has been determined." That is all there is to it. It does not say that the report shall be adopted. It is entirely within the power of the Board of Trustees to change the place of meeting if they so choose. If it is the sense of the majority of the members present, I personally would be very glad to have them take this matter up on the floor. My opinion, however, is that the matter has been settled; that the Constitution provides that the Board of Trustees could so select, and they have done so.

Dr. Cobb: Mr. President, would it be acceptable to make a motion that shall express the consensus of opinion, without any mandatory advice, relative to the selection of a place of meeting?

President Miller: I see no objection.

Dr. Cobb: I move you, Mr. President, that it is the consensus of opinion of this meeting, that the Board of Trustees shall not consider their action final, if they see reason to make a change before the December meeting.

Dr. Horner: Seconded.

President Miller: The motion is before you that it is the consensus of opinion of the Institute that the Board of Trustees shall not consider their action final if they find any reason for change. Are there any remarks?

Dr. Royal: I want to make one explanation, and that is from a financial and business standpoint. As stated by members of the committee, if this report is adopted as final, and we go to Baltimore, and we ask for any favors from that city, they will say, "We will give you none. You are bound to

come here anyway." If this goes through we can have no working basis.

Dr. Copeland: This is a perfectly proper motion and action. I was very much impressed, when a member of the Cabinet under different government, by the fact that the Institute voted positively, enthusiastically, and overwhelmingly to go to Oklahoma City. On going there, we found that they could give accommodations to about eighty-five members. I felt that that was as many as we would probably need accommodations for, but under the rulings they would have to provide for a larger number. At that time we arbitrarily took the meeting to Kansas City, where we had the best meeting we had ever had. It is perfectly proper that this Board be given a vote of confidence, so that if in their wisdom they see fit to change the place of meeting they can do so without embarrassment.

President Miller: Before I put the question I would like to say a word more if the Vice-President will take the chair. [Vice-President Harris in the Chair.]

I want you to know that I am not in favor of Baltimore. If the Institute goes to Baltimore, I shall hope to go there and bring all the people I can, but I shall not tell the people of the West that it is as hot a place as it is said to be. It is a difficult matter for the Board of Trustees to select a satisfactory place of meeting. Dr. Carmichael has been embarrassed by not receiving invitations from other cities than one or two. It is the desire of the Trustees to please the membership as nearly as possible, and it is the desire of the membership to get the most out of it financially that they can without doing injury to the Institute. As I see this motion, therefore, it lies within the power of the Trustees to make a change any time, that they please. If there are no further remarks, we will have the question. [Resumes the Chair.]

Those in favor of the motion as stated by Dr. Cobb will signify by saying, "aye." Contrary, "no." Motion unanimously carried.

Dr. Baxter: As there is nothing before the House, I would like to say a word. We all appreciate Dr. Carmichael's position in this matter. I feel that it is discouraging for a committee to work as they have done, following the rules laid down for them, and then have their work not accepted. I

feel that we are in full sympathy with Dr. Carmichael in this matter, and I think it is only justice to him that some statement of this kind be made.

Dr. Copeland: I would like to add to that my own appreciation of Dr. Carmichael's work. I think he felt, and the Institute did, that my opposition to Long Beach last year was rather bitter, but I am sure, so far as I am concerned, that no member of the Institute has a higher appreciation for the work which Dr. Carmichael has done in that particular matter. I would like to add, that on reflection it seems to me that the committee can see the difficulty of selecting a place of meeting. The Trustees should be left absolutely free to select any place they want. During my term we decided on a place of meeting. The doctors said, "We do not want you, but if you come we will take care of you." That is true of any other place. If this body will indicate a desire to go to any place on the face of the earth, I am sure the profession of that place will do everything possible to welcome them and make the meeting a success. The Trustees should be left free, with absolute power.

Report of the Interstate Committee

During the year your Chairman addressed an outline of some of the work we hoped to accomplish to the several state societies. A great many reported, which reports were compiled by the Secretary, Dr. Edward Harper, recently deceased.

We did not have the advantage of this information at this session and the work of the committee has been unfortunately hindered by the sudden death of the Secretary.

The Interstate Committee met in Room 116, Hotel Sherman, June 30, 1915, at 3 p. m.

On motion, Dr. Guy M. Cushing of Chicago was elected Secretary to fill the vacancy caused by the death of Dr. Harper.

The committee proceeded to the roll call. The states and delegates responded and presented credentials as follows: Connecticut, Utah, Illinois, Minnesota, Colorado, Indiana, Michigan, South Carolina, Missouri, District of Columbia, New Jersey, Wisconsin, Ohio, Massachusetts, Pennsylvania, Virginia, Washington, Nebraska, Oregon, Rhode Island, New York, Maryland, Iowa, Kansas, California.

Motion was made to accept credentials from those offering same and declaring those members present where no delegates presented themselves as the regular accredited delegate from said state.

The general tenor of the response from the different states shows enthusiastic interest toward homœopathy. This not only is among the homœopathic schools, but even among some of the physicians of the

other schools of practice. Some even going so far as to say that we are being loved to death.

The several states expressed great satisfaction that they have had equal recognition on Examining Boards and Boards of Health, and the low percentage of failures of physicians taking examinations in the several states; not only so for the class of men and women, but the high class of work being done by the Homœopathic Colleges.

Some of the states, headed by Nebraska, reported action having been taken by resolutions adopted at their state meetings, placing themselves on record as favoring national prohibition along the line of progressive medicine, and that men and women are on an equality in the profession. Equal suffrage is the right of all.

We recommend that the American Institute of Homœopathy give its hearty approval of the Harrison Act, which corrects an evil for which the medical profession is largely responsible. We compliment ourselves that the homœopathic profession has had no part in the establishment of the conditions which made such legislation necessary.

We also recommend that the different states be urgently requested to elect delegates and instruct them to present their credentials the first session of the Institute, 1916.

Your Committee will announce proposed propaganda through the columns of the Institute JOURNAL.

E. Arthur Carr, Chairman.

A. L. Smethers, Secretary.

President Miller: You have heard the report of the Interstate Committee. What is your pleasure?

Dr. Krauss: I move its adoption; and the adoption of its recommendations. Seconded.

President Miller: It has been moved and seconded that the report be adopted, and also its recommendations. Are there any remarks?

Dr. Sutherland: It seems proper to accept the report and place it on file, but not to adopt the recommendations contained therein. I am not sure that the Institute, without considerable thought, wants to go on record as recommending political action, even if it has a medical aspect. We are all acquainted with the Harrison law concerning the manufacture and sale of narcotics. As I understand it, we are asked in this report to endorse this Act. It does not make any difference whether we endorse it or not, the Act is a law, and we have to pay taxes and internal revenue whether we approve or not. There are so many possible political mix-ups with that law, that it seems unwise to go on record as approving it. If it were purely moral, philanthropic, or medical, that would be another matter. I think, if we understand the

real essence of it, we shall find that there is too much politics mixed up with it.

Dr. Hooker: I would like to remark in a similar vein, but not exactly for the same reason. I think the report should be adopted and placed on file, but not with approval of the resolutions. I object to any resolution of any kind from this body, intending to show our self-righteousness,—that we, whatever other physicians have done, have not done anything to make that Harrison Act necessary. I object to that attitude of praising ourselves.

Dr. Sutherland: I would like to amend,—to receive and place on file, without any adoption or expression of opinion. I offer that as a substitute amendment.

Dr. Horner: Seconded.

President Miller: You have heard the substitute amendment that the report be received and placed on file. Are there any remarks?

Dr. Copeland: So far as I am concerned, I would like to have this report referred back to the Interstate for a definite proposition. I think the American Institute should not be afraid to say that they commend an Act like the Harrison law. So far as I am concerned, I would like to see the Harrison law amended to include not only morphin and cocain, but also all forms of alcoholic beverages. At the present time the whole world is giving consideration to the question of control of the liquor business. I do not know that I am a conspicuous example of what total prohibition will do, but I want to say that, so far as I am concerned, I would like to see the damnable business wiped out, root and branch. I have had considerable experience myself in this political work, at one time occupying a position where the Board had to have some oversight of the liquor business in a community, and I found that the whole outfit of liquor dealers, and many of the users, I am sorry to say, were law breakers. But this Harrison law has given us an example of how the habit-producing business may be controlled. It has in it everything necessary to control the liquor business, and I would like to see exactly the same restrictions placed on the liquor traffic that have been placed on drugs. I would have this report referred back to the Interstate Committee for a definite recommendation, so that it can go on record as the stand taken by the American Institute in regard to this business.

Dr. Cogswell: In order to stop the use of liquor you must first stop its manufacture.

Dr. Hanks: Mr. President, this discussion is going in the right direction. There is one thing more that the medical people are overlooking, and that is the use of coal tar products for headaches, or for anything on earth that ails anybody. Right here among us are men who "break up colds" with phenacetin, etc. The patient that takes these drugs will soon demand more, because of more headaches. Those things are habit-forming drugs, and to my positive knowledge I feel that there are today more people in the city of Chicago who cannot get away from headache powders than there are who cannot get away from alcoholic beverages. I recommend, Mr. Chairman, in the form of a motion, if you wish, that we urge our committee to add to these recommendations, so well phrased, this one thing.

Dr. Geohegan: I am heartily in favor of the Harrison law, likewise in favor of restricting the use of alcohol, but the Harrison law stands before the public today as an individual law, and if we add to it the restriction of coal tar products and alcohol, we are weakening the force of the endorsement of the Harrison law. I am in favor of the Harrison law, and whenever you bring in a separate endorsement of some method of restricting alcohol and coal tar products, I shall be in favor of that. The Harrison law has demonstrated that it is a wonderful power for good in the United States.

Dr. Carr: I simply want to say that your committee, in discussing this matter, did not think it wise at this time to bring in, as did some of the states, strong endorsements or resolutions in favor of national prohibition, which the homœopathic school today, I believe, is ready to accept, because the homœopathic profession, as a profession, has used less of those things, especially of the narcotics, than the other schools of practice. Just yesterday I heard reports from men who stated that their colleagues in other schools used thousands and thousands of tablets in a year, while the homœopathic profession uses very little. Now then, we did not place the prohibition or liquor question in these recommendations, we simply spoke of them, but recommended that we endorse the Harrison law, which the committee believes is the proper thing to do. We are not taking an advanced stand in this matter. This is in line with the President's recommendation,

when he recommended and spoke highly of the Harrison Act in his address this year, saying that it gave us a registry of all the physicians in the United States. When you pay your license fee, and get your license from the Federal Government, there is a registry kept of all the physicians, and it is the only one we have. We feel that to recommend this law would not be taking an advanced stand, but would be simply following others in giving hearty approval of a splendid Act.

President Miller: The motion is before you, that the report be received and placed on file. Are you ready for the question? Those in favor signify by saying, "aye." Contrary "no." The motion is carried.

Are there any other reports?

Dr. Gordon: I would like to announce the Frolic for tonight, and hope it will be possible for all of you to remain with us for this occasion. It will be held at the Art Institute, on Michigan Avenue, at 8:30 p. m.

President: The Secretary has a report from the Seniors.

Dr. Hobson: Dr. Charles H. Cogswell, of Cedar Rapids, Iowa, has been elected Honorary President for the ensuing year.

Dr. Carr: Mr. President, I want to ask the privilege of the Chair to make a motion on the part of the Interstate Committee. I move you, sir, owing to the fact that the house did not clearly understand the condition of the motion at the time that they voted on this report, that we now adopt the recommendations of the report.

President Miller: You are out of order, Dr. Carr.

Dr. Carr: I want to move a reconsideration of the vote just taken. I voted for the motion through misunderstanding. Seconded.

President Miller: It has been moved and seconded that the vote on the report of the Interstate Committee be reconsidered. Those in favor say, "aye." Those opposed, "no." The motion is lost.

Telegram from St. Louis

Dr. Byron E. Miller,

St. Louis, Mo., June 30, 1915.

President of American Institute of Homœopathy,
Chicago, Ill.

No necessity for those of us professionally prevented from being with you to express regrets. Your able and energetic

Press Committee is getting the papers presented before the various sections well reported daily in our local press. St. Louis members unavoidably detained send greetings and best wishes, with the suggestion that a vote of thanks be extended to the Chairman of the Press Committee for disseminating and sending us the daily news of the convention.

Dr. C. H. Goodman, Ex-Pres. St. Louis Hom. Med. Soc.

A. H. Schott, Pres. St. Louis Hom. Med. Assn.

A. H. Uhlemeyer, Pres. St. Louis Hom. Med. Assn.

J. Martin Kershaw, Pres. St. Louis Soc. Med. Research.

L. M. Ottofy, Pres. Amer. Assn. Progressive Medicine.

On motion of Dr. Cobb, ordered that the telegram be made a matter of record.

Dr. Hooker: I would like to announce, Mr. President, that the Bureau of Physical Therapeutics will have a session beginning at 2:30 this afternoon. I want to call your attention to our distinguished visitor from Boston, who will read his paper this afternoon.

Adjourned to meet Saturday morning at nine o'clock.

Saturday, July 3, 1915

Meeting called to order by President Miller.

Report from the Board of Censors

One additional name has been handed in and duly posted, that of Dr. G. H. Galford, of Gibson City, Ill. The application is properly endorsed.

On motion of Dr. Baxter, seconded by Dr. Smith, voted unanimously that Dr. G. H. Galford be elected to membership.

Report of the Committee on Resolutions

Mr. President, Ladies and Gentlemen:

The Committee on Resolutions herewith presents you with the following Resolutions and moves their adoption:

(First.) Resolved; that the American Institute of Homœopathy, in its Seventy-first Annual Session, held in Chicago, June 27th to July 3rd, 1915, extends its thanks to the Local Committee for its very satisfactory and efficient arrangements made for our convenience and comfort;

(Second.) That we express to the management of the Hotel Sherman our appreciation of their very courteous treatment of us while guests of their Hotel;

(Third.) That we extend to the Chicago Press, the Associated Press, the United Press, and their very efficient agents, and especially

to the Chairman of our Press Committee, Dr. Scott Parsons, of St. Louis, our appreciation of their earnest efforts in our behalf;

(Fourth.) And to Dr. Byron E. Miller, the presiding officer at this session, our appreciation of the uniform courtesy and fairness extended by him to every member of the Institute and to every proposition properly presented.

Joseph P. Cobb,

Chairman, Committee on Resolutions and Business.

On motion, duly seconded, ordered that these resolutions be adopted, and that the respective communications be forwarded.

Final Report of the Bureau of Materia Medica

Dr. Gordon: We had eighteen papers scheduled, and all but three of these were presented. The fifteen papers read represented ten different states of the Union. Our session from 10:30 to 1:30 was well attended, one hundred to one hundred and twenty-five being present. We had another session in the afternoon from 2:30 to 6:00. This was also very well attended, and all seemed to be much interested in the papers.

Final Report of the Local Committee

Dr. White: We have had the satisfaction of no serious accident. It has been gratifying to see the uniformity of sentiment in everything pertaining to the meeting. When we have the Institute in Chicago again, we shall be able to do better than at the present time. There is always room for improvement.

Report of the Registrar

Number of members registered, including Seniors, 39.....	526
Number of visitors registered	557
Number of exhibitors	75
Total	1,158

W. O. Forbes, Registrar.

Final Report of the Board of Censors

Names added to active membership.....	170
Honorary associate membership	1
Corresponding membership	1
Total	172

President Miller: Before we adjourn, I wish to express to the audience present my appreciation for the support which has been given me at this time, and throughout my administration. My term is practically ended, though I have three months more, but I certainly appreciate the support which has been given me at this meeting.

Adjourned sine die.

Sarah M. Hobson, Secretary.

New Members 1914-1915, A. I. H.

Elected to Active Membership

Adams, James H. (K. C. 1914), 803 Schweiter Bldg., Wichita, Kan.
 Agnew, Theodore M. (K. C. 1914), 613½ N. Broadway, Pittsburg, Kan.
 Allen, Abby D. (Dun. 1900), 7601 Saginaw Ave., Chicago, Ill.
 Anda, Thorwald (Nat'l 1896), 110 N. Wabash Ave., Chicago, Ill.
 Armet, Leon T. (Mo. 1908), 4726 Cote Brillante Ave., St. Louis, Mo.
 Arneson, Arthur I. (Ia. 1915), Emmons, Minn.
 Bachelder, Bayley B. (Pac. 1914), 1044 Union Ave., Portland, Ore.
 Barbour, Nathan P. (Pac. 1914), Clement St. and 6th Ave., San Francisco, Cal.
 Barnes, Van D. (Mich. 1915), General Delivery, Detroit, Mich.
 Bartholomew, Anna L. (Mich. 1885), 1404 Hinman Ave., Evanston, Ill.
 Bartlett, Clyde (B. U. 1915), 415 North Main St., Natick, Mass.
 Beach, Estelle C. (N. Y. W. 1914), 29 E. 8th Ave., Gloversville, N. Y.
 Belyea, Florence R. (B. U. 1915), 676 Washington St., Brookline, Mass.
 Bennett, Carroll A. (N. Y. F. 1915), Yonkers Hom. Hosp., Yonkers, N. Y.
 Bernecker, Edward M. (Chi. 1915), 2811 Cottage Grove Ave., Chicago, Ill.
 Besson, Linford S. (Phil. 1915), Sellwood Hospital, Portland, Ore.
 Boger, Mattibelle (B. U. 1915), Parkersburg, W. Va.
 Boggess, Wm. B. (Phil. 1897), 4919 Center Ave., Pittsburg, Pa.
 Books, Benjamin F. (Phil. 1883), 25 Trust Bldg., Altoona, Pa.
 Bose, Prafulla K. (Ia. 1915), Tegharia, Dacca, Bengal, India.
 Bostick, Ida M. (Chi. 1907), 223 W. 72nd St., Chicago, Ill.
 Boyd, James J. (K. C. 1901), Sarcoxie, Mo.
 Boyer, Ulysses S. (K. C. 1914), Ada, Kan.
 Bradt, Elizabeth G. (B. U. 1915), 179 Lake Ave., Rochester, N. Y.
 Brooks, Ida J. (B. U. 1891), 2201 Western Ave., Minneapolis, Minn.
 Burrell, Henry J. (Mich. 1915), State Bank Bldg., Benton Harbor, Mich.
 Burr, Harold L. (N. Y. F. 1915), Grace Hospital, New Haven, Conn.
 Burton, Clarence H. (Det. 1901), 92 Broadway, Detroit, Mich.
 Cameron, George D. (Clev. 1895), Chagrin Falls, Ohio.
 Carr, C. T. (Chi. Her. 1902), Somonauk, Ill.
 Chisolm, William W. (Phil. 1915), 530 Penn St., Huntingdon, Pa.
 Ciegotura, Anthony F. (C. P. 1914), 3850 65th St., Cleveland, Ohio.
 Clark, Cecil W. (B. U. 1915), 80 E. Concord St., Boston, Mass.
 Colmes, Abraham (B. U. 1915), 4 Fayston St., Roxbury, Mass.
 Conger, Guy P. (Chi. 1903), 120 N. Oak Park Ave., Oak Park, Ill.
 Conley, Harry D. (Phil. 1915), Wom. Hom. Hosp., 20th and Dauphin Sts., Philadelphia, Pa.
 Davis, Harry H. (Chi. 1915), Monroe Center, Ill.
 Dauphin, Henry F. (B. U. 1915), 13 Eagle St., Newburyport, Mass.
 Deuel, Jacob B. (N. Y. F. 1915), Chittenango, N. Y.
 Diessner, Henry D. (Phil. 1909), Chaska, Minn.
 Duckworth, Roy D. (N. Y. F. 1915), 44 Leffert's Place, Brooklyn, N. Y.
 Duncan, Earl S. (Phil. 1915), 1900 Spring Garden St., Philadelphia, Pa.
 Eberhard, Harry M. (Phil. 1898), 1710 N. 18th St., Philadelphia, Pa.
 Ely, William L. (Clev. 1893), Fredericktown, Ohio.
 Fletcher, Sara E. (Chi. 1896), 338 E. State St., Columbus, Ohio.
 Flyer, Irving (N. Y. F. 1915), 322 E. 3rd St., New York, N. Y.
 Foster, Herbert W. (N. Y. F. 1891), 10 The Crescent, Montclair, N. J.
 Fowler, Walter N. (Mich. 1889), 500 Peck Bldg., Kalamazoo, Mich.
 Fraenkel, Joseph (Vienna 1889), 114 E. 66th St., New York, N. Y.
 Galford, Gilbert H. (Chi. 1908), Gibson City, Ill.
 Garrick, Nathan H. (B. U. 1915), 80 E. Concord St., Boston, Mass.
 Gaston-Frack, Sarah P. (Clev. 1895), 509 Robins Ave., Niles, Ohio.
 Gilster, Arthur E. (Chi. 1910), 4602 N. Robey St., Chicago, Ill.
 Golub, Jacob J. (B. U. 1915), 32 Poplar St., Boston, Mass.
 Gowens, Henry L. (Phil. 1908), 1636 Walnut St., Philadelphia, Pa.
 Gray, Clarence H. (Phil. 1915), 1803 Chestnut St., Philadelphia, Pa.
 Grimmer, Arthur H. (Chi. 1906), 3842 Grand Blvd., Chicago, Ill.

- Grosvenor, Fred B. (Mich. 1911), 2144 Summit St., Columbus, Ohio.
 Hall, Snowden K. (Chi. 1915), 2224 7th Ave., Beaver Falls, Pa.
 Hammond, Margaret (Chi. 1915), 6146 Greenwood Ave., Chicago, Ill.
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MODERN VIEWS ON THE TREATMENT OF SKIN AND MUCOUS MEMBRANE CANCER*

By Frederick M. Dearborn, A. B., M. D., New York City

While the clinical etiology of skin cancer can be satisfactorily explained in many instances, the practical therapist is still hunting for definite remedies. As in the treatment of any other disease process, there are no panaceas in this field of therapy and there never will be because the personal equation must ever bear the principal part. What is food for one is poison for another, so the selection of treatment must be based upon the knowledge and equipment possessed by the physician, the character, duration and location of the lesion and the mental attitude of the patient as regards his prejudices, coöperation and means.

I am firmly of the opinion after fifteen years of experience in the treatment of malignant disease, that the patient should waste no time in consulting a specialist, surgical or dermatological, for if special knowledge and experience is worth anything to a sufferer, it is to those afflicted with cancer. It must be appreciated, however, that this is impossible in a fair percentage of cases and the duty of general practitioners assuming the responsibility in the treatment of such cases is to become acquainted with modern methods, to impress the importance of treatment even if it is not the very best and never to assume indifference, almost neglect, which has often come to my attention. Of course, intelligent education of the laity, tending to make patients more critical of the care they receive and more insistent in their demands for relief, will negative the danger of postponement. If every one of the above facts could be ideally existent, skin and mucous membrane cancer

*D. and G. U. Bureau. A. I. H., 1915.

would show a much higher rate of cure. I believe the present-day knowledge of physicians and patients have improved even within my recollection, but there is room for greater improvement.

It has often been remarked that the surgeon and dermatologist differ widely in their opinions as to the proper treatment of skin cancer. This difference is more apparent than real. Of course, there are always extremists who insist on thorough excision on the one hand as the only real hope, and on the other side upon non-surgical interference as absolutely necessary. A reasonable view is necessary, for both attitudes may be correct, one working as well as the other, or a combination may be best, or lastly one system is so superior to the other that there seems no option as to choice. I have known of many surgeons who would not operate cancers and actually had the temerity to suggest other procedures, and of dermatologists who willingly sought surgical advice. I have done the latter in at least five per cent of my cases.

Before discussing the types of cancer and how in my judgment they are best treated, it is well to remind the hearer or reader that the cases that come to the dermatologist are in the most part superficial, circumscribed, chronic in course and easily appreciated in all their multiple relations, while those that appeal to the surgeon are often more serious in character, having existed unknown for years and more extensive, presenting lymphatic involvement. This possibly explains the apparent divergent opinion so often expressed by the worthies mentioned. The object in any case is the thorough removal or complete destruction of the offending growth. For the sake of brevity and simplicity, the unsettled question of the efficacy of serums, vaccines and other internal medicaments will not be discussed because more exact and better understood remedies are available. Be assured that I do not decry the efforts of investigations along these lines, but so far they have accomplished practically nothing but hope. The use of arsenic as a supportive and of indicated remedies or physiological medication to relieve distressing symptoms needs no defense. It is proper and useful, in fact almost essential, in certain instances.

Carcinoma cutis in a comprehensive sense embraces the secondary skin manifestations of cancer, Paget's disease and all varieties of epithelioma. A number of the rarer dermatoses like xeroderma pigmentosum are purposely omitted from this

list, although at one or more periods they may be cancerous. Lenticular carcinoma, including cancer en cuirasse, the tuberoso or nodular and pigmented or melanotic carcinomata should be treated surgically and at the earliest opportunity, followed by moderate massive doses of the x-ray or radium and in a few instances by the Keating-de-Hart method of fulguration. While the prognosis of these types is not good, life can be prolonged and comfort given in many instances. At later stages the cases are often classed as inoperable and hence willingly undertake any treatment, often becoming a prey to quackery. It is a question of grasping the last straw, and no one can blame them.

Paget's disease, which usually involves the female nipple, areola and in time the entire mammary gland, should receive radical surgical treatment. The x-ray may be used post- or pre-operatively to advantage. Cures may be obtained by complete extirpation before the gland is involved and in a few instances by the internal and external methods used in the treatment of eczema, if the lesions are still eczematoid. In two instances where the patient refused an operation, I have seen cures result from the use of fuchsin and internal medication.

Epithelioma is the commonest variety of cancer and is classified as superficial, deep and papillary. Naturally the dermatologist encounters epithelioma in many clinical aspects which, however, may be considered as included in the three subdivisions mentioned. Many of these cases can be successfully treated surgically, but I prefer a combination of minor surgery (superficial curettement) followed by caustic or other local methods because it is less severe, more readily used, causes less scarring and presents a much smaller percentage of recurrences. I refer solely to the cases which do not show lymphatic involvement. Surgical interference is necessary in any type of epithelioma which even suggests lymphatic complications and in my judgment for growths on the trunk with plenty of soft tissue about and for most of the lip cancers. The advantage of the routine use of the x-rays or radium in combination with surgery has been constantly apparent to me.

Of the older caustic agents, pyrogallol, arsenious acid, caustic potash and zinc chlorid in the order named are easily the best and their use should always be preceded by careful superficial curetting. Small superficial and circumscribed growths can often be satisfactorily removed by these agents. But in

recent years the more convenient, quicker, cleaner and thorough results obtained from solidified carbon dioxid, mild fulguration and high-frequency sparking, in various combinations or by one alone, have rightly caused the older caustics to lose their popularity. Galvanic electrolysis has practically been given up. The numerous pre-epitheliomatous lesions, keratotic for the most part, are easily destroyed by carbon dioxid snow or high frequency sparking after removal of the crusts, scales or warty tops. The two agents just mentioned are the best adjuncts we have because alone or in combination with x-rays or radium they are constantly useful.

It is possible that the tendency of specialists to seek new modes of treatment with better technic is largely responsible for the constant trend towards x-raying and radium therapy. However, it is undeniable that many cases previously cauterized by the older methods eventually receive the newer $C O_2$ and fulguration, while an uncertain proportion finally need the x-ray or radium. The further you go up in the scale of special therapy, the greater the need of plentiful experience, careful knowledge, proper technic and modern apparatus. After the treatment of nearly fourteen hundred epitheliomata, I can safely say that massive doses of radium in sufficient quantity and of a radioactivity not less than 200,000, preferably more, will cure or greatly improve more than half of the skin cancers which do not positively demand surgery. In fact, it will often benefit the group known as inoperable and some postoperative cases. Only recently I have seen splendid results from its use in a most violent serpiginous type which had partially yielded to other methods scattered over a period of four years.

While I do not believe it wise or prudent to use the x-rays for all cases of epithelioma of the skin, I almost agree with a recent writer who claims that the x-rays would cure or vastly improve 90 per cent of all cancers of the skin. Now that we can definitely measure the quality and quantity of the rays, now that improved tubes, water-cooled, etc., have made the technic so much easier, now that decisive data is at hand after fifteen years of experimentation, now that the real danger of over-x-raying is appreciated and the fractional accumulative methods have been discarded, thus lessening the chances of persistent dermatitis, and lastly now that we have the Coolidge tube, which in a comparatively short time gives highly penetrating x-rays and permits the use of the proper filters to

protect the skin, I can safely assert that the x-ray is a more useful agent than ever before and because of the limited supply and scanty understanding of radium, naturally replaces it to a certain extent.

The exact use of the x-ray has become more and more evident while radium-therapy is still in its infancy. A few clinical facts may illustrate my personal choice in the use of these agents. Most superficial epitheliomata will respond to either of these two forces, but it is seldom necessary to employ them first. The x-ray is admirable for stubborn cases of the superficial type including the rodent ulcer variety, for practically all of the deep or nodular variety, for many of the papillary type and in postoperative cases. Again I must advise the removal of the external surface of the growth before raying. Radium I have used extensively for all varieties when other agents have failed, for lesions involving the region of the eyes, mucocutaneous outlets and mucous membranes, for those located in portions of the skin or mucous membranes difficult to reach by other methods and invariably for the superficial but persistent serpiginous epithelioma. The massive dose method is employed, taking from four to twenty-four hours.

While many cases of mucous membrane cancer can well be treated by the surgeon, I know of no more unsatisfactory type because of the difficulty of treating and the tendency to recurrence. Hence these cases apply to the dermatologist in a much greater proportion than formerly. The buccal, nasal and genito-urinary orifices present stubborn forms of carcinomata, but thermo-coagulation in its various forms, fulguration and high-frequency sparking, x-raying and radium therapy have at least been an aid to local hygienic and surgical means and are a great advance over older methods.

The subject matter of this article just touches upon modern therapeutic methods and carefully avoids a discussion of specific technic. It is simply an endeavor to separate the chaff from the wheat.

Discussion

Dr. Stevens: Mr. Chairman, I have enjoyed Doctor Dearborn's paper very much. It seems to me that the time is here, and I have tried to emphasize this for some time past, when surgeons must modify their plan of treating cancer. I don't believe in the dictum that has gone out from the surgeon that every cancer should be operated upon, just as soon as it is recognized. I can't see that we lose any time in a

case of cancer if that case is properly and thoroughly treated by one of the methods that Doctor Dearborn has mentioned in his paper, previous to the operation. Now, I don't mean that any of these methods is going to cure every case of cancer. I don't take that ground at all; don't misunderstand me; but I do believe this, and it is backed up by an experience of a good many years, under treatment with properly measured doses of x-ray or radium most cancers will show marked improvement. Metastases treated by the hard Roentgen rays properly filtered, and in proper doses, many times will disappear completely in a few weeks after treatment. While perhaps you may not make the primary growth disappear completely, yet the metastasis will. Now the tendency of this is for the breaking down and dissolution of the cancer cells, and the more of this we can get rid of before the skin is cut into and the cells by this means carried into the lymphatic or into the blood vessels, the better chance the surgeon will have for success. Therefore, I believe that the time is here when we should urge and recommend that all cancers be thoroughly treated with x-ray before and after operation. And, so far as the superficial cases are concerned most of those can be treated and absolutely cured without a doubt by x-ray or radium, properly filtering the rays and giving the doses necessary to do the work. Small doses stimulate the cells to grow; large doses kill them. A full dose on the surface will be a small dose deep in the tissues and therefore unless the deeper cells are cross-fired by appropriate doses, so as to give the deep cells full doses the growth may improve superficially at first and then increase rapidly, or only be stimulated to rapid growth from the first. Consequently you must give the accurately measured deep doses of x-ray before you can accomplish your work. I want to say that I use hard rays in all my work, backing up a nine to ten inch parallel spark, and filter it through three millimeters of aluminum and leather.

Dr. Barker: I enjoyed the paper of Dr. Dearborn because he mentions so many different ways of attacking the malignant growth. My experience has been limited to the x-ray and referring cases requiring other means of treatment to other operators. Growths limited to the skin may be treated by the x-ray, but deeper growths should be referred to the surgeon without waiting until there is extension to the glandular system. If the case is inoperable the x-ray offers the best means for relief.

The old method of using the x-ray by giving divided doses and using low vacuum tubes did more harm than good in many cases. With the Coolidge tube, giving rays of constant penetration, properly filtered and full measured doses, we can administer all the x-ray that the healthy tissue will stand and obtain good results in the treatment of malignant growths.

It seems to me that the x-ray is better than radium because, as Dr. Dearborn has said, it can be used by a greater number of physicians, radium being very expensive and hard to obtain in sufficient quantities. I believe that the x-ray is the ideal method of attacking malignant growths that are not referred to the surgeon.

Dr. Krauss: Mr. Chairman, I should like to ask the dosage and application of radium mentioned by Doctor Dearborn, and also whether in his experience radium really affects the growth or only the pain consequent to the growth. I should like to say as far as the genito-urinary cancers are concerned, especially those of the penile apparatus, that in my experience they lie not so much on the skin or the mucous membrane but between, in the cavernous tissues.

Dr. Harris: We all recognize a precancerous stage today. I cannot agree with the gentleman who wants to treat his case with x-ray before the surgical procedure. It has been my experience that x-ray treatment following surgery is applicable with good results. You are wasting a lot of time to x-ray before surgery. If you wait until the glands are involved, you are beyond the operative stage. We have merely scratched the surface in this cancer question.

IDIOSYNCRASIES MORPHOLOGICALLY CONSIDERED*

By Philip Rice, M. D., San Francisco, Cal.

The word "idiosyncrasy" has its origin in the ancient doctrine of "crasis;" and in its earliest day, as now, was used to account for every peculiar and mysterious physical phenomenon. Everything that could not be explained, and the same is true today, was labelled with this impressive name, and set aside for something easier. No word has been called into service by the confused physician more often than this word, and probably none has ever served him better, for the patients are, and always have been numerous whose curiosity is satisfied, and whose pride is flattered by being told that they have something out of the ordinary, and especially if this is designated with a name that has an ominous sound.

To define the word "idiosyncrasy," as is almost universally done, as signifying a peculiar manner of reacting of the nervous system to certain stimuli, though correct, is by no means sufficiently specific or comprehensive for the need of the scientific physician. For not only must he take into consideration those definite cases which serve for the classical physiological description, but he must also recognize those cases in which the same facts take place and act as a pathogenetic element. Hypersusceptibility or non-susceptibility to a given stimulus, either *ab interno* or *ab externo*, within certain limits,

*Bureau of Clinical Research. A. I. H., 1915.

remain physiological; but beyond these limits they will give rise to phenomena that cannot be otherwise considered than as true morbid acts. Hence let us understand at the outset that idiosyncrasy also means a predisposition to a morbid process, which but requires a suitable and sufficient stimulus to convert it into an active morbid process, because of the habit already established of peculiar function.

The fundamental cause of every idiosyncrasy is morphological imbalance; that is, an organic state in which through excess and defect in development there results excess and defect in function with a corresponding degree of hyperexcitability and non-excitability. The excitability of the congenitally nervous individual is an illustration of a congenital idiosyncrasy. Such persons under normal or ordinary conditions very likely will manifest nothing of a morbid character; but excite the special dyscrasial condition with any one of a hundred influences and there results almost immediately a state which cannot be otherwise considered than a morbid process.

Besides congenital idiosyncrasies we also have acquired idiosyncrasies. The latter are an outgrowth of the former plus the result of morbid processes. We have all many times observed abnormal physiological states produce increased nervous susceptibility with peculiar manifestation; for example, physical exhaustion resulting from overwork of the whole organism or even some part of the organism. Then again idiosyncrasies result from organic changes in development caused by the influence of occupation, exercise and nutrition. But like all acquired habits and tastes, acquired idiosyncrasies are more or less transitory. Being less a part of the individual organic character than those which are congenital, being less deeply rooted they are more easily overcome.

However, let us remember that even the congenital are susceptible of complete removal from the organism. If we accept any of the mandates of the biological sciences we must accept the one which says that the function modifies, and even creates, organs whose character is finally determined by the character of the organization; and since the development and structure of every organ and tissue can be modified by nutrition, by exercise and by other influences, it follows that the character of every function can likewise be modified. This fact, and it is a firmly established scientific fact, must be taken as the starting point in our study of the problem of idiosyncrasies. And until

its full meaning is grasped our efforts in this matter cannot be other than futile. Organization must be understood to be the basis of every physiological function whether ordinary or extraordinary, common or idiosyncratic.

Our duty then, in trying to arrive at the exact degree of special susceptibility of an individual to a given stimulus lies in the direction of the study of special individual organization, i. e., a study of the individual morphological combination. Before we can undertake to estimate either character or degree of function we must be able to say what is the character of the organization and the degree of its development.

That we have to this day given this phase of our problem scarcely any consideration is a fact well known, and that this is discreditable to us I think all will admit. Through the centuries we have blindly groped our way. We have been so occupied with a study of the results of morbid processes that we have entirely overlooked normal organic states and processes, and their individual disposition. In fact some of us have gone so far astray from the naturalistic and rational method as openly to declare that normal conditions are of no special concern to the physician since these he is never called upon to treat.

Permit me for the purpose of emphasis to call to your attention certain anatomical facts of more or less common knowledge, because taught in college, though by no means in a rational way, and now and then alluded to in current literature, but of whose deeper meaning we have little knowledge.

To facilitate the study of anatomy we usually divide the human body into sections, squares, triangles, etc. We learn that such and such organs and tissues are found within this area and others within that. We learn that they occupy such and such a *relative position*; that the various organs are approximately so and so large. The liver, for example, we locate in the right hypochondrium, and say it has so many lobes, so many ligaments, and weighs approximately so many ounces. With other organs we deal in much the same general terms. Now all this may be good so far as it goes. It may answer the purpose of surgery admirably; but a moment's consideration will show that for the purpose of the diagnostician and internist it is entirely inadequate. Knowing that independent action in an organ is impossible; that coördinate activity is the absolute rule it must be clear that a study of the *relative develop-*

ment of organs is as important as is a study of the relative position and the *absolute development*. An inharmonious relation between the thoracic and abdominal development we frequently find to exist, yet I believe it is a fact seldom fully valued in the analysis of a case. Difference in growth of different parts of the body accounts for difference in function, and on absolutely no other basis than this can we account for variation and peculiarities in function. Inasmuch as every organ is composed of a number of different elements it can easily be seen how there must necessarily be difference in character of function according as one or the other element predominates. And the same is true with regard to difference in degree of development between organs and systems and the functions as a whole, the way in which we must in the last analysis view the functions of the body; activity of one organ independent in itself, I repeat, cannot be imagined. This point becomes clearer and gains practical value from a careful morphological study of the heart.

The size, shape and position of the heart are three conditions which mutually influence each other. The size is determined by and must be proportionate to the amount of work the organ has to perform. The shape and position are determined by the resistances that must be overcome, and the direction in which the energies develop. When, as is often the case, the resistances increase or decrease from the natural changes incident to the growth of the body from those influences inherent to age, sex, occupation, etc., the organ is modified and adjusted to the changing conditions, thus maintaining a balance between capacity and demand. This means anatomical and physiological correlation, a state we recognize as essential to health, and which takes place in accordance with the law of adaptation of an organ to environment.

But we have in addition to these modifying influences those also which are incident to the complex development of the individual. By this is meant those influences which arise from the more or less marked inharmonies which take place in the course of development in individuals. To illustrate: The demands made upon the heart by a dominant muscular organization are very different from those made by a dominant nervous organization. Again, a dominant thoracic system makes demands unlike those made by a dominant abdominal system. And so there are other disproportions with corresponding other

demands upon the heart, all having a modifying influence upon its size, shape and position.

We must not forget that life is a *concordant* manifestation of a sum of phenomena determining one another according to given laws. A modification which takes place in one organ or system directly gives rise to corresponding modifications in another.

Bizot says, for example, that the dimensions of the female heart are less than the male; that tall people have as a rule a relatively smaller heart than the short, stocky and muscular types; that the ventricular cavities augment with years; that the right increases more with years than the left, etc. Benke says that at the second year of life the heart has doubled in size; that at the fifth it has doubled again; but after that it grows more slowly until the fifteenth year, when it again increases more rapidly until the twentieth year.

Now we can easily see from all this how, when irregularities develop in an organ or system in the course of development of the organism, and how when modifications do not take place in accordance with its normal demands, centers of hyper-excitability and non-excitability are created and idiosyncratic states established. And still more, how clearly all this shows the inadequacy of a purely anatomical, i. e., pleximetric method of determining the size of the heart; and how absurd are the methods we employ in the diagnosis of disease generally. How futile are our conceptions of disease and systems of therapeutics that have no better foundation than such as can be supplied by terms of general averages. Useful as general averages are, they are insufficient when we attempt to form a judgment in the individual. They may help us to form a theoretical physiological or pathological conception of a process, but since they necessarily represent many different individualities they can never be accepted as the final statement when we come to a consideration of each individual. *Let the terms of general averages be what they will, the precise morphological state of the individual is and ever must be the goal of the scientific physician.*

Hence when we come to a consideration of the problem of idiosyncrasies our first step is the determination of the character of the individual organization in which peculiar or idiosyncratic symptoms are manifested. On the basis that organization determines function, cardiac idiosyncrasies are not pos-

sible in the presence of a normal development of the heart and a balanced relationship with all other organs. But, assume a faulty development in the organ itself or a disproportion with other organs, and we understand immediately how modifications in the character of the functions must take place at once. When these express themselves in peculiar or striking symptoms then we designate the state as being an idiosyncrasy.

This method of study must commend itself if we place any reliance at all in the teachings of the biological sciences, since it deals with the human organism as an instrument composed of many parts, but all related in structure, and correlated and interdependent in function.

Discussion

Dr. Boericke: This seems to me a clear presentation of Dr. Rice's proposed restudy of the homœopathic materia medica in the light of the science of morphology. The theoretic method of Hahnemann, that of symptom similarity analysis, the symptoms of the individual patient always away from the disease as such, taking into special consideration the individuality of the patient in the pathognomonic symptoms of the disease only. And the subject of this individuality and its organic basis as disclosed by the science of morphology is certainly going to be one of the chief attractions to developing the homœopathic materia medica in the immediate future. Such research work must be done systematically and by trained men, which can only be furnished by institutions large and independent enough to also furnish the material and money. We hope Dr. Rice may be given the opportunity to verify and develop the materia medica along these scientific lines.

Dr. Mitchell: I have been much interested in Dr. Rice's work. I have read his address delivered here at the Sherman House some months ago. As I understand it one of the things that Dr. Rice is trying to get at is, why it is that certain individuals will react to a thirtieth potency of some particular drug and why it is that certain other individuals will not react to the tincture of the same drug. And as I understand it, one of the things that Dr. Rice is trying to establish is that morphology has something to do with these differences of drug reaction. Now when it comes to the condition of the kidneys, the possibilities of morphology there are very great, and without going into the thing very deeply, as I haven't the time, I merely wish to cite one case in which a very serious error was committed in this way. Using these new tests for kidney functions that have become popular in the last few years, it was found that the right kidney functioned less than the left. It was found that the urine in the right kidney contained more urea than the left and the deduction was rather hastily arrived at that the right kidney was the good kidney and the left kidney was the diseased one. Whether it was operative or post mortem I never found out, but in this particular case one or the other showed

that the right kidney was diseased in part and the left kidney was entirely normal, apparently healthy but congenitally small.

Dr. Carmichael: There is one variety of idiosyncrasy that Dr. Mitchell has touched upon which is extremely interesting to me and which if it can be explained from the morphological standpoint should be of great practical use to us in our particular school of medicine. I refer to the idiosyncrasy that you say a patient has to a remedy. And you all have met with them. And they have in some instances even been misleading in our estimate in the action of the drug. For example, I recall a case where this was so alarming that the patient was with difficulty brought back to a normal condition. Heretofore our only explanation, outside of relegating the whole subject to the occult, has been to say that these patients are of an extremely hyperesthetic, neurotic type. Another instance was a patient with a most violent attack of asthma when she was brought in contact with apples. She moved into one of our old Philadelphia houses where the walls are thick, as in the older sections. She went into a room on the third floor front and was taken with a severe attack of asthma. A physician was summoned and the attack continued in spite of his remedies. Finally she said, "There must be some apples near by." Finally they rang the bell next door and found that in the adjoining room in the next house, in the closet, a barrel of apples was kept. When these were removed, this patient immediately began to get better. Several weeks after that she was taken with another attack. The same thing occurred. They hated to annoy the next door neighbor, but finally were compelled to, and they found that although she had given orders never to put apples in that closet, a new maid had repeated the offense. All these fine things that are beyond the realm of calculation have been stumbling blocks in more ways than one. Frequently some of the finer results of homœopathic remedies in the high dilutions have been realized in cases where they happened to be given to patients of this type where complete pictures of the remedy were obtained. If such work as this shall result in any sort of explanation of the question of idiosyncrasy it will be a very practical matter.

Dr. Wilms: There is a rich field right here for investigation in the transference of testicles and ovaries and the relation to reversion to type. I doubt very much whether this morphological condition that Dr. Rice speaks of has any connection with idiosyncrasy as we ordinarily accept it. Every individual is more or less bi-sexual so far as the sexual spirit goes. Recently I had a case of pseudohermaphrodite. The grandfather was a beautiful specimen of physical masculinity, with an effeminate mind. The female members of the family were masculine physically and effeminate mentally. They had large hands or feet, or a feminine head with a masculine body. I merely report this family on account of the morphological significance it may have.

Idiosyncrasy is not in drugs alone, but it is true in emotions. Each individual responds to certain emotions in a way different from every other. This is not alone observable in man but also in animals. There are no two animals alike. Whether such idiosyncrasy applies to reaction of drugs would be interesting to find out.

Dr. Edwin Lightner Nesbit: Considering the practical significance of Dr. Rice's interesting paper, I am at once reminded of an epigrammatic remark once made by my professor of physiology, Wm. H. Bigler. He said,—“No monk or friar ever lived in greater seclusion than your ego and mine.” The utter dependence of the individual upon the integrity of his nervous mechanism for a correct understanding of and representation of himself to the world about him makes the function rather than the structure of his inner self the matter of first importance.

Likewise with the internal organs. The grosser external morphological variations of face and figure among individuals may be readily discerned. They may indeed be measured with more or less accuracy. In this way only does the particularity and unlikeness between individuals become apparent. But, just how Dr. Rice proposes to measure the internal morphology of each experimental subject before the actual experiment begins does not quite clearly appear.

If it is to be by the ordinary methods of physical diagnosis it becomes a mere inference from the signs. This additional data from inference rather than from direct observation would tend only to increase rather than decrease the presumption of error involved in any such necessary and indirect functional performance ante mortem.

It was the recognition of this uniqueness of the individual and this internal seclusiveness of his inner self which probably prompted Sydenham and Hahnemann early to adopt the “type” method for studying the effects of diseases upon human beings. To such, functional idiosyncrasies, rather than morphological variations, are of great significance. In his work upon the Heart, Mackenzie has adopted this type method, and Cabot too in his Differential Diagnosis lays increasing stress upon the ante mortem symptoms rather than the post mortem signs of functional variations. Perhaps Dr. Rice will make this point a little clearer?

Dr. Stearns: This is an extremely interesting subject, but I don't quite catch the purpose of Dr. Rice's investigation in his discussion. If that purpose is for diagnostic aid it is important, but if it is for the purpose of getting therapeutic points it seems to me it is going too far afield, and is hardly helpful. We all study idiosyncrasies. They in a way are the basis of our prescriptions; that is, such idiosyncrasies as an afternoon or evening aggravation or aggravation from fat food, and if these come within the scope of idiosyncrasies in Dr. Rice's plan, they are helpful. Sometimes they are helpful in diagnosing a condition. Take, for instance, indigestion that comes late after eating. This indicates a slowness of digestion. Of course, this at once suggests certain remedies. It may, further, indicate intestinal indigestion, or the small intestines may be dilated in their lower part, or the ileocecal valve be incompetent. But after having found all this out, perhaps by the aid of the x-ray, we are still as far afield as ever for the similar remedy. It seems to me that if, as I caught from the import of the first discussion, Dr. Rice is presenting a method for remedy selection, it will carry us away from, rather than toward, the individual remedy.

Dr. Rice (closing the discussion): Mr. Chairman, I am very thankful to the members who have discussed my paper. The problem of idiosyncrasies is by no means as difficult as it appears to be to some. If we first determine the actual cause of a peculiar manifestation we will have very little that is troublesome left to think about. If we will keep in mind the fact that idiosyncrasies have their root in morphological and pathological states, and that these are within the range of comprehension, that they are congenital and acquired, we will have made great strides toward a solution of the problem. That we ought to give greater thought to the study of human morphology can hardly be disputed; for only as we understand the structure of the human body—the absolute and relative development of the various organs and parts—are we able to arrive at sound conclusions with regard to the various functions and reactions of the body.

Now as to the question raised by Dr. Stearns, namely: the application of the theory of morphology to the study of *materia medica*. This is altogether too extensive a subject to be dealt with in an off hand way. However, this much can be said: Taking for our starting point the well established fact that character of organization determines character of function, which means character of the reactions from the effects of drugs, and allow our minds to play around this a little it will not take us long to see that only as we have an understanding of the character of the organization in which symptoms are developed is an understanding of symptoms possible. Difference in organization accounts for difference in reaction, and ignorance concerning organization accounts for our amazing ignorance of *materia medica*. Most of us seem to think that when we can remember a lot of symptoms parrot fashion that we know something about *materia medica*. We seem to have difficulty in understanding that between memory and intelligence there is a vast difference. *Materia medica* has always been taught as a pure memory business; and I feel sure that the very general indifference manifested towards the subject on the part of our graduates can be attributed to this more than to anything else.

The reason, Dr. Ford, why we so often fail in the conclusions we draw from morphological data is that we make the mistake of employing a false standard of measurement. There is no such thing as a perfect type, except in the abstract. On the basis of averages from the results of thousands of examinations, or rather measurements, we have created a perfect type. But this is clearly a fictitious image. In all human probability it has never existed in real life. Perfection, let us remember, does not consist in a person measuring up to a certain standard, but rather in an harmonious development between all the organs and parts of the body. When this is found then there will also be found a corresponding harmony in the functions, which means an absence of hyper-excitability and non-excitability, or, in other words, an absence of idiosyncrasies.

RHODIUM*

By Donald Macfarlan, B. S., M. D., Philadelphia

Rhodium is a metallic chemical element. It is found in association with the other elements of the platinum group and was discovered in crude platinum ore by W. H. Wollaston in 1803.

Methods of Obtaining the Metal. It may be obtained from the residues of platinum ore after treatment with aqua regia and removal of the platinum as chlorplatinat. The mother liquors are decomposed by treatment with metallic iron, the precipitate obtained being warmed with concentrated nitric acid and heated in an iron crucible with concentrated potash. The residue thus obtained is mixed with salt and heated in a current of chlorine, any iridium present being converted into its chlorid by treatment with nitric acid and precipitated by ammonium chlorid, whilst rhodium ammonium chlorid goes into solution with its characteristic rose-red color. The metal itself is best obtained by the reduction of chlorpurpureo rhodium chlorid, in a current of hydrogen, the metal after reduction being cooled in a stream of carbon dioxid.

Characteristics of Rhodium. It somewhat resembles aluminum in color; its specific gravity varies from eleven to twelve and one-tenth; and its specific heat is 0.05527. It is less fusible than platinum. It oxidizes superficially when heated, and may be distilled in the electric furnace. It is insoluble in acids, but forms a soluble sulphate when fused with potassium bisulphate (a reaction which distinguishes it from the other metals of the platinum group). The atomic weight of rhodium has been determined by S. F. Jorgensen by the analysis of chlorpurpureo rhodium chlorid, the mean value obtained being 103.

Preparation in Use. The preparation utilized in the provings was obtained from the firm of Ehrhart and Karl, homœopathic pharmacists of Chicago. The potency used by the writer was the 200th and was a hand potency of the remedy. Following is the method used by the firm in obtaining this preparation:

"Pure rhodium was triturated to the 6th decimal trituration, then converted into dilution. One grain of the sixth decimal trituration is dissolved in fifty minims of distilled water and

*Bureau of Materia Medica. A. I. H., 1915.

mixed with fifty minims of alcohol. This gives the 4th potency. All following potencies are prepared with one minim of the preceding potency to 99 minims of alcohol.

"Very truly yours,

Ehrhart and Karl."

Method of Use. The remedy in all cases was given every hour. Both men and women were the provers. There were twelve provers in all. Many of them were rapidly affected, whilst one, a youthful nurse employed in the social service of the Children's Homœopathic Hospital, took the remedy for possibly ten days before she noticed symptoms. Only three of the cases knew they were making provings.

Moral and Mental Sphere. Removed in the prover a shaky and nervous feeling. Later caused her on pushing the medicine to be "blue," nervous and tearful (1). A "run-away and cry" feeling helped in the prover (2). Dreams less than usual (8). In the case of a young and healthy nurse, the remedy induced, after a long proving, an inability to go to sleep and on three nights successively she feels depressed—is worried over that about which she cannot explain. She is awakened at one time with a sensation as if her aunt was stepping on her chest (8). In a middle-aged man the sleeping has improved (due possibly to the improvement which rhodium exercised over the mouth-breathing and the bad cold of the prover) (12).

Head. Dull frontal headache—at time occipital—is seen (2). Helped a frontal headache, which was at times sharp and at times dull (3). At another time in the proving of this case a bad headache is seen, which is thumping and beating in character. There are shocks through the head. In another prover in less than a day, and taking the medicine every hour, it aggravated a moderate frontal headache to such a degree that it confined the woman to bed all day. On pushing still further it banished the condition next day around noon. When she was confined to her bed the pains were very sharp. This was seen in prover (5). In prover (6) there was a rapid induction of severe throbbing headache, with a misty eye condition. There was an associated pressive and oppressed head state, as is evidenced in beginning grippe. In prover (7) the medicine improved a frontal headache, which was dull and heavy over the eyes. In this case it was periodic in time. In prover (8) rhodium cleared a menstrual headache over the left eye. In another, headache from coughing improved (9). In (10) the

medicine produced a dizzy head. In (11) there were occasional fleeting neuralgic pains about the head, one place, then another, and these would come only at times. Neuralgic pain was seen in this case over the right eye, which was occasional. In prover (12) a dull headache, not constant, was apparent.

Eyes. Eyes a little blood-shot, a condition rapidly induced but not pushed in the proving. Eyes felt hazy, with associated mistiness of vision (6). In (8) twitching of lower lid of left eye (had this before, but medicine aggravated). In the same prover cleared a menstrual headache over the left eye. In (11) occasional fleeting neuralgic pains over eye (right).

Ears. In (11) occasional fleeting neuralgic pains in ear.

Nose. About the sixth day of the proving, taken every hour, produced on both sides of the nose a drawing pain (1). In this prover the pain at the nose area was like a boil drawing. In (3) the nose runs a clear mucus and blood (she has not picked her nose in any way). In (11) rhinorrhea all the time. Sneezed a lot; also wanted to sneeze and could not, at times.

Teeth. In (11) occasional fleeting neuralgic pains in the teeth.

Mouth. Removed a bad breath in (1). A nasty taste in the mouth was helped in the same prover. Later, in this case the rhodium brought about vomiting and the vomitus was thick, slimy, and bitter. The medicine appeared to exercise in (8) a rather selective action. She complained of thirst and a licking of the lips, because of a dryness of the same. She noticed also that her gums bled when she brushed them, most probably during the dental toilet.

Taste and Gastric Symptoms. The appetite is better since proving and progressively so (3). In (8) thirst was complained of. In (11) she has not been so hungry the last few days (this induced primarily in the prover). She did not care for her evening meal and later in the proving of this same nurse it removed her desire for lunch and her hunger for this meal has been dissipated. In (12) the medicine made him dyspeptic and stopped his digestion. Later on, however, it developed a sharper appetite on pushing the remedy. In (8) pickles and vinegar cause the teeth to go on edge. In (11) there was a feeling of nausea after eating—right after 5 o'clock supper and breakfast, too. Also nausea at 10 o'clock at night. Any sweet is nauseating (fled from the table, I believe, at the sight of dessert).

Throat. Cold worse (there is some doubt as to whether this was due to exposure). The cold has gone down in this same prover (3). In (12), the medicine, every hour, rapidly helped in the prover a bad cold. He used to sleep with his mouth open, but the medicine cured this bad "habit." The rhodium caused the hacking cough which he reported with to become loose. In (11) it produced a loose cold in the head.

Chest. Breast not sore, which it was before the medicine (9). In (12), the medicine every hour rapidly helped in the prover a bad cold. He used to sleep with his mouth open and the rhodium cured this bad habit. The proving caused the hacking cough which he reported with to become loose. Later the cold was much better. This latter improvement noted and even remarked upon by his landlady.

Back. Aggravated in a short time a backache in (3). On pushing the remedy the condition not so bad. Attack of dull backache in the same prover. In (10) the prover can stoop much better; the difficulty in stooping removed by the proving a good bit, it appears. In the same person the left side had a catching pain.

Neck. Soreness from the nuchal region to the top of the head, which was throbbing with severe headache (6). In (8) the proving produced stiff neck and rheumatic pain down left shoulder and arm.

Upper Extremities. Rheumatism in the left arm (the pain a dull, cold ache) helped as the pain is not so bad in the arm (2). In (11) itching in both arms, palms of hand and face, as if the trouble was under the skin.

Lower Extremities. The pain in the left ankle (a dull ache) is made worse. It is more sore with the pain (3). In (10) improved the stooping trouble and also hip pain with it.

Fever. A little after the third day, every hour, could not get warm. Teeth even rattled with the chill (3). The remedy developed thirst in (8). In the same prover there was sweat about the head and face, which was markedly developed at night. Constant licking of the lips because of a dryness of the same. Also seen in (8).

Stomach. Caused the appetite to be all right (before the remedy, he vomited everything) (4). Produced vomiting, sickness of the stomach, and gagging and retching in (1). In prover (5), the medicine every hour, removed a gagging.

nauseated feeling in a woman probably three months in pregnancy. This occurred in the second day, when she even felt like eating. In prover (8) occasional nausea was produced. In (10), the rhodium improved a sickly stomach, and it caused, I believe, the prover to feel like eating, but of the latter half of statement am not absolutely positive. In (12) the medicine made him dyspeptic and stopped his digestion. Later in (12) the appetite became better and sharper.

Abdomen. Dull pain in the abdomen all day long (1). Pain and sore in abdomen from coughing, which is paroxysmal, like whooping cough (3). Right-sided waist pain of a dull character in (4). In prover (6) there were gripings of the abdomen, as if she was going to have a large evacuation. In (8) griping in the belly and increased peristalsis was in evidence.

Stool. Constipation was induced in the prover, who is inclined to be free. This person ordinarily had motions twice daily. Later on, in this prover, laxity of the bowels was induced, and the bowels moved three times, and the motions were normal in both color and consistency. On the sixth day of this same proving, the medicine every hour, the bowels were inactive all day long (1). In prover (4) before the medicine, the bowels were bound. The proving in this case helped the costive state. Prover (6) had normal bowel action to start with, and *loose stools were rapidly induced as a primary symptom of the action of rhodium. With this laxity, the medicine also brought on gripings in the abdomen.* In prover (7) rhodium relieved the costive state. In prover (8) the medicine had a very pronounced action. It primarily produced five motions *per diem*. This prover develops gas before the stool. The remedy also develops nausea before stool, due she thinks to a hyperactive peristalsis. This later condition, the hyperactive peristalsis, is a disturbing symptom. In this case, that of a highly intelligent nurse at the Children's Homœopathic Hospital, there is tenesmus after stool, as if the prover was under the influence of a material dosing by calomel. This is the language of the prover herself and it may convey to the mind of the reader the appreciable "spirit" of the proving, as it were. In (9) the bowels are not so bound in a costive old woman.

Urinary and Sexual Organs. *Passed more urine—a primary effect* in prover (1). Later on in the same case, on the fifth and sixth day of the proving, passed urine only twice each day. This of course bears out admirably Hahnemann's dictum of

the primary and secondary effects of all medicaments. In prover (8) passing more urine, and about three times the amount usually voided in her case. The same prover is passing her urine more frequently. Both of these symptoms are primary. In this same prover the rhodium lessened the pain in her menstruation, but had no effect on the flow. The medicine cleared a menstrual headache over the left eye, also in (8). In prover (10) passing more urine—a primary symptom. In this case since taking the medicine urine is more yellow, before the proving a whitish sedimentation was apparent. In (11) delayed menses and produced a bad backache as well.

Bronchial Symptoms. Aggravated a scratchy cough and caused the same to be more frequent and tickling in the throat. Later in the proving, the cold is made worse—it has gone down and it hurts her to breathe. There is more cough and the cough is harder. The cough is scratchy and after she coughs she becomes wheezy, which soon starts her to cough again. The mucus from the chest is thick yellow (3). In prover (9) helped to remove promptly a distressing cough. The rhodium in this case made the cough looser.

Cutaneous Symptoms. On about the sixth day, every hour, made scalp all over sore to the touch (1). A fever blister produced on the upper lip in (8). In the same case the left side of the face is hot and red. In prover (11) itching in both arms, palms of hand and face, as if the trouble was under the skin. A purplish reddening of a vaccination scar also produced, the sight of which caused her annoyance at a dance, whilst in evening dress.

General Symptoms. Removed in the prover a shaky and nervous feeling (1). Feels weak and dizziness is complained of, when getting up from lying down (1). In (3) woman feels weak. In (8) a woman ordinarily somewhat feeble naturally, the remedy caused her to feel as if she were stimulated and could do more physical work. In same proving at another time felt drowsy. Thirst was developed in this prover. If my recollection serves me in (10) the rhodium caused the prover to be stronger. In prover (11) the general symptoms were interesting. I kept this young nurse on the remedy for a long time. She was in the habit of weighing herself periodically. She lost two pounds in ten days (she had been gaining or keeping the same weight before that). Primarily, in this girl, it induced a tired feeling. About the time she went off the

proving, which was very long, she had noticed and her friends had evidently concurred because they mentioned it to her, a tendency not to worry over trifles, which she had done all her life. Little things worried her in an uncomfortable way and this was fortunately dissipated in the proving of rhodium on her. In prover (10), a tired and dragging feeling, not foreign to the prover, was helped. In prover (12) the man feels stronger. Previously he had described his vitality as low.

PHOSPHORUS*

By Gertrude K. Meck, M. D., Cleveland, Ohio

No constituent of the human organism is of more importance than phosphorus. Each cell, tissue and organ of the body contains large quantities of this element. Without it, the body cannot live.

Voit has estimated that a man weighing 154 pounds contains 1600 grammes of phosphorus, of which 1400 grammes are in his bones, 130 grammes in his muscles, 12 grammes in his brain and nerves, the remainder being in the liver, lungs, spleen, kidneys, pancreas, thymus gland and the various fluids of the body.

Sajous says, "The myelin of nerves is not merely an insulatory sheath, but a compound rich in phosphorus. The ground substance, the Nissl granules and the myelin in the cell bodies of neurones and their dendrites are phosphorus-laden compounds." Observations on the process of metabolism, as well as our present knowledge of internal secretions and ductless glands, have emphasized the importance of phosphorus in the economy of the body. Recent investigations have shown that 3.5 per cent of the lymphoid cells of the thymus gland is phosphorus. Sajous believes that the benefit obtained from the therapeutic use of thymus gland is mainly due to the phosphorus it contains and concludes that impairment of the thymus and adrenals underlies the disorders of nutrition which inhibit the development of the cerebrospinal, the nervous and the osseous systems during infancy, childhood and early adolescence.

Since the system is continuously impoverishing itself of

*Bureau of Materia Medica. A. I. H., 1915.

phosphorus by its excretions and since the body does not elaborate phosphorus of itself, it must depend upon food to keep up the amount needed.

Many interesting metabolism experiments have been made by the United States Agricultural experiment station by which the phosphorus balance is determined. They report "a healthy man accustoming himself to a low phosphorus intake or by selection of food containing phosphorus almost entirely in organic combination, may obtain an equilibrium on a diet furnishing about 0.9 grammes phosphorus or about 2 grammes P_2O_5 , but that the maintenance of equilibrium at the normal level of a full diet so as to insure the carrying of a full normal store of phosphorus compounds in the body appears to call for the intake of about 1.5 grammes phosphorus or about 3.5 grammes of P_2O_5 per day.

The importance of a diet that will supply the phosphorus demands of the body cannot be overestimated. A diet may contain proteids, fats and carbohydrates of high caloric value and yet be the cause of malnutrition because of deficiency of phosphorus compounds. Experiments on dogs that were fed with meat, from which the phosphorus had been removed, showed that they lost large quantities of their phosphorus, refused nourishment and became exhausted.

Alfred McCann says, "For ten years the medical world has been cursed by the calorimeter which in its measurement of the heat units evolved by the combustion of bread, butter and meat, has been looked upon by specialists in wasting diseases with faith and enthusiasm. As a result of this confidence, caloric feeding has been persisted in at the bedside, in the hospital and in the sanitarium, until there is now no one who can number those who have died because of this scientific superstition." He concludes that a diet of pure proteid, fats and carbohydrates from which the mineral matter has been taken will produce death quicker than no food.

Wellman reports that fowls fed by him developed polyneuritis on a diet of cornstarch, Louisiana molasses, corn grits, cream of wheat, boiled potatoes, sago, macaroni, wheat flour and puffed rice,—all foods of high caloric value.

Surgeon General Takaki of the Japanese Navy was made a baron because of his discovery that the disease beriberi was of dietetic origin caused by removing the inner coating of the rice, which contains much phosphorus. During the Russo-

Japanese war, after having 97,000 cases of beriberi, it was discovered that a ration of unmilled grains resulted in its disappearance.

The people of Labrador who at certain seasons live almost exclusively on white flour from the United States and Canada also suffer from beriberi. It was found by the United States Government that babies in the Philippine Islands who were suffering from nervous diseases of dietetic origin, recover quickly when treated with extract of rice polishings which contain phosphorus, along with other minerals.

Statistics show that of the 20 million school children in the United States, 15 million are defective in bones, eyes, teeth, etc., while many are suffering from malnutrition of various degrees. I believe much of this is due to a diet low in phosphorus. The importance of phosphorus to the growing organism is strikingly shown by the way in which nature provides milk richer in phosphorus in those species in which the growth of the young is most rapid.

For:—

Man, in which 180 days are required to double the weight at birth, the milk has .05% phosphorus.

Horse, in which 60 days are required to double the weight at birth, the milk has .13% phosphorus.

Cow, in which 47 days are required to double the weight at birth, the milk has .20% phosphorus.

Goat, in which 22 days are required to double the weight at birth, the milk has .28% phosphorus.

Sheep, in which 15 days are required to double the weight at birth, the milk has .29% phosphorus.

Swine, in which 14 days are required to double the weight at birth, the milk has .31% phosphorus.

Dog, in which 9 days are required to double the weight at birth, the milk has .51% phosphorus.

Rabbit, in which 6 days are required to double the weight at birth, the milk has .99% phosphorus.

Nature has provided abundant phosphorus in food, many of the most common articles, eggs, milk, cheese, grains, rice, apples, prunes, cabbage, onions being rich in phosphorus.

There is about 1% available phosphorus in an egg; three grammes organic as well as much inorganic phosphorus in one quart of milk. Cottage cheese contains so large a per cent that an enterprising firm has advertised extensively, "Sana-

togen—the life-food and nerve tonic,” a product, which upon analysis, is said to be ordinary cottage cheese in powdered form.

We believe it is possible to maintain a phosphorus equilibrium of the body with food. This ideal condition has not been reached. As a result, the use of phosphorus therapeutically is of great value. The best form in which it shall be administered is a much discussed question. The phosphorus content of the body is both organic and inorganic. The inorganic occurs as the phosphates of calcium, magnesium, sodium. The organic, mostly in cell nuclei and lecithin, sometimes called phosphorized fat. The latter is the active principle of myelin. One-tenth of the solids of nerve and brain substance is lecithin. Many have thought that since organic phosphorus (lecithin, nuclein, etc.) is so large a constituent of the body, phosphorus given in this form would be absorbed directly into the system as such and give best results. Others think that it can be supplied to the system in the inorganic form as well as the organic.

Many experimenters, both clinical and laboratory, have given us the results of their research, which is as varied as interesting. Hart, McCollum and Fuller found that pigs, fed on rations low in phosphorus, in time collapsed, but recovered as quickly when given calcium phosphate, as when given organic phosphorus compounds. Fingerling in observing the influence of organic and inorganic compounds on the milk of a cow, concluded that there was no difference in its quantity and composition. He also made experiments with a flock of geese, feeding them one year on a diet high in inorganic phosphorus. The following year he fed them on a rich organic phosphorus diet. They had the same number of eggs having the same weight and composition. Marshall has shown how in the early stage of chicks, lecithin is formed from inorganic phosphorus, and in a later stage how the bones of the chick develop from lecithins. McCollum and Halpin showed that lecithins were readily formed by hens when fed rations free from organic phosphorus, the eggs having the usual amount of lecithin. This power of the organism to construct or synthesize organic or inorganic phosphorus to its needs is accounted for by the presence of enzymes. McCollum and Hart have found in the liver and blood a phytase which splits organic into inorganic. Plimmer has found by experiment that the in-

testines contain ferments which hydrolyze organic compounds. Many cases are on record in which organic phosphorus preparations have been found of great therapeutic value. Gordon believes that organic phosphorus only is absorbed and utilized by the body. In a clinical study of 56 cases of asthenic conditions in various nervous diseases he found that improvement began to show immediately, only when organic phosphorus was administered. He used glycerophosphates in his experiments. The organic phosphorus preparations most frequently used are phospho-albumin, protonuclein, glycerophosphates, lecithol and others in which lecithin is the main constituent.

During the last few months the writer has been making a comparative study of the therapeutic results of organic and inorganic preparations. The young women selected were as near alike as possible, each had been delicate in childhood, had excellent care, neither was fond of milk, eggs and other foods rich in phosphorus. Each had been suffering from nervous prostration as a result of mental overwork. One was given phospho-albumin, a preparation derived from the brain, cords and testes of young bulls, the other, homœopathic calcarea phosphorica 6x and phosphorus 30x. The one given phospho-albumin responded more quickly but at the present time it is impossible to tell which has improved the more, both having responded beyond expectations. Other cases are under observation but for too short a period to report.

For many years, inorganic phosphorus has been used by all schools of medicine. In the laboratory and clinic, the therapeutic use of phosphorus has been demonstrated for years by the old school. Their authorities have differed as to the theory of its action but agree that it has a wide field of usefulness. To quote from a noted authority, "Phosphorus is a nerve tonic and stimulant, good for nervous prostration, paralysis agitans, locomotor ataxy and impotence; useful in neuralgia, especially in aged persons; in leukocythemia, and in some skin diseases,—psoriasis, chronic eczema and lichen. It increases red blood corpuscles; valuable in tubercular meningitis, and diabetes, serviceable in incipient stages of phthisis."

Another says, "For 20 years I have been accustomed to use phosphorus in intercostal neuralgia and can speak favorably of its power. In cases of chronic exhaustion of brain power or general nerve exhaustion small doses continued for a long time are advisable. I have notes of 30 cases of fatty

degeneration of the heart in which, after taking phosphorus, most of the patients were relieved. In pneumonia, under certain conditions phosphorus has proved a valuable adjuvant. In chronic bronchitis, when patients complain of a feeling of tension throughout the respiratory tract and a hacking, dry, exhausting cough, phosphorus is often valuable; in chronic diarrhea, rachitis, fracture, anemia and tuberculosis—is often helpful.”

Hahnemann divined the use of inorganic salts and began investigating their use. Homœopathy has proved that through the sympathetic nervous system phosphorus has 13 special centers of action.

Stomach,—gastritis, gastralgia, hematemesis.

Intestines,—(small) congestion, inflammation, watery diarrhea.

Liver,—congestion, inflammation, icterus, hypertrophy, fatty degeneration.

Spleen,—congestion, hypertrophy, fatty degeneration.

Kidneys,—venous stagnation, fatty degeneration.

Heart,—inflammation, albuminuria, hemorrhage, fatty degeneration.

Arteries,—fatty degeneration with hemorrhages.

Blood,—corpuscles dissolved, hydremia, ecchymosis.

Cerebrospinal system,—stimulation, nutrition destroyed, neural paralysis.

Sexual organs,—male,—aphrodisiac, paralysis, impotence; female,—small doses stimulate, large paralyze.

Bones,—(maxillae) periostitis, caries, necrosis.

Lungs,—congestion, inflammation, hepatization.

Knowing these facts, and understanding the homœopathic law of cure, we prescribe phosphorus with perfect confidence as to results.

In reviewing the literature of the last few years on phosphorus, one fact stands out in a striking manner. While the research has been made from a different viewpoint from that of homœopathy, *the conclusions reached as to its therapeutic use are the same as those reached by applying similia similibus curantur.*

TREATMENT OF MENTAL DISEASES WITH BACTERIAL VACCINES*

By Benjamin F. Bailey, M. D., Lincoln, Nebraska

The establishment of every scientific fact is preceded by an hypothesis, and probably most hypotheses are preceded by semi-accidental observations. The presentation of a clinical observation that has led to the hypothesis and the clinical results that have apparently proven the hypothesis is warranted in that it gives the tentative right to further work along the same lines. There is a natural resistance of the human organism to disease. It varies in different species and under different development and conditions. It is never perfect. It is always relative. It is doubtless a force that is more or less inactive except on the demands of necessity. Under these demands it becomes active and probably all foreign substances, especially the proteins, indicate the necessity and act as the stimuli that encourage the allergic state, the production of the antibodies, be they theoretically antitoxins which antagonize bacterial toxins, agglutinins, precipitins, lysins, opsonins or antiferments. The action of the results of the allergic phenomena are beautifully described in the theory of Ehrlich's side chains, which make it possible for the human mind to grasp in a manner that seems impossible without a mathematical demonstration. As a fact, however, that the action of the antibodies upon the antigens is chemical in character is acknowledged, and that the destruction of any toxic power held by the antigen is in just the ratio that the antibodies are formed is evident. That glucosids and alkaloids do not produce antibodies, are not true antigens, are not chemically changed or bound to the cells of the tissues, is generally and perhaps always true. They are simply physically stored or placed until eliminated. The true antigen we must recognize as a foreign substance, organic in origin and it may be from animal or vegetable cell. Therefore, in considering the arousing of the defenses of the system, we have to consider those glucosidal or alkaloidal substances which do not unite chemically with body cells as probably acting only as stimuli to the carrier or removal functions of the body, while the organic protein bodies that act as antigens stimulate the productions of antibodies and in the course of this action stimulate the functions of the bodies, i. e., act as the old alteratives

*Bureau of Materia Medica. A. I. H., 1915.

were and are supposed to act. This may be assumed to be true, first, because except with a high degree of function it is hardly possible to imagine the peak production of antibodies; and second, so far as I am able to learn from others or observe myself, wherever the antigen has been promptly conquered by the formation of antibodies, the general condition of the patient, as evidenced by nutrition and elimination, has been improved. The theory of the removal or storing of the substances foreign to the body is well borne out in the fact that the absorption of bacteria by the leukocytes does not necessarily lead to their destruction (Thomas and Ivy) and that they also take up and remove pigment, carbon granules, et cetera.

"Phagocytosis is therefore more or less a passive endeavor to remove foreign particles from the circulation independently of whether they are living or dead, and in this way is to be regarded as one of the defensive forces of the organism against disease. The killing and destruction of living bacteria and neutralization of their toxins are carried out by bacteriolysins, opsonins, agglutinins and antitoxins." (Thomas and Ivy.) With these premises let us consider the action of certain classes of remedies, the probable sources of some diseases and the possible control of the same. Many followers of the homœopathic law have refused to recognize any truth in the immunity theory or in serum or vaccine therapy, on the basis that it could not be true and leave any ground for our law to stand upon. Others have been eager to prove, even at an earlier day, the dependence upon the action of antitoxins, as for instance, the diphtheritic upon the law of similia. The first class need have no fear unless they fear an advance of science that can but use the law of similia as an explanation of the action of the more intricate processes of disease and its treatment as it is being unravelled in the laboratories of the world at this time. The second class must go a bit farther in their logic and by this may prove the undoubted homœopathicity of the antitoxins. In brief, let us consider the possible action of some of our old and most relied upon remedies. The Schüssler or so-called tissue remedies are prescribed on homœopathic indications, in homœopathic doses. They are supposed to correct the ratio of their salts in the human system and raise the case of insufficiency to one of sufficiency. The dose given does not in any way compare with the demand, yet the foreign salt introduced into the system, even through so gross a method as by administration through the stomach, arouses

the defenses. The salt ratio is restored, metabolism thereby undergoes renewed activity, nutrition is conserved and the same defenses that have acted under serum or vaccine therapy have been the active factors, even though it may have been the work of another corps of the army. Another type of remedy, the mercuries, such valiant defenders in throat infections, and yet in doses that can only through the marvelous sensitiveness of the human cell be warned by the well known irritating action of the drug that an enemy is present and that the defenses are to be called into action, and so we might go on with arsenic, pulsatilla with its calc. phos. content, etc. This being true, why has antitoxin done more for the destruction of the Klebs-Löffler effect than could the mercuries, which, prior to the introduction of antitoxin, made us easily first in the treatment of diphtheria? The mercury only arouses the defenses, and in the more virulently infected cases the system is unable to act rapidly enough to neutralize the toxins. On the other hand, the antitoxin takes control first by neutralizing the already formed toxins, and secondly by arousing the defenses, and therein lies its homœopathicity. We all realize, except this be true, the size of doses of antitoxin used would hardly insure immunity so long, or render the bacilli so markedly avirulent. I wrote a paper years ago, antedating any other writer by two years, claiming that hay fever was due to the gouty or rheumatic diathesis, and now, alas! we recognize that these diatheses are largely conditions of low defense and chronic infection, and many a case of hay fever was relieved or cured last year by the administration of a bacterial vaccine containing the dead bacteria of the germs streptococcus, pneumococcus, micrococcus,—catarrhalis and the staphylococcus aureus and albus. But you tell me these same cases have been relieved with a vaccine made from the pollen of plants, and again we are reminded of the intimate intercorrelation of our remedies, our law, the sera and the vaccines and *all* in the ultimate, dependent upon the normal defenses, or shall we term it the oposonic index? Time will only permit me to touch on these guide posts along the clinical way that point so closely to the ultimate goal of explanation of the law of similia.

For many years it has been my duty and task to study mental cases in connection with the rather large department devoted to this class in the Sanatorium with which I am connected. Without being able, for lack of time, to go into the known and

theoretic etiology and pathology of mental diseases, I will ask your attention to a few generally accepted facts, our deductions therefrom, our experiments as the result of these deductions and our hopes for the future. First, all cases of melancholia, of manic-depressive, and cases that tend to dementia as, for instance, dementia precox, give evidences of lowered nutrition, general toxemia, and *great susceptibility* to infections and the following easy assumption of lowered defenses. This being so firmly impressed upon me, the question arose as to the best method of stimulating the functions to a recuperative possibility that might render manic-depressive at least largely controllable, dementia precox curable, melancholia short-lived, and place the mental cases in our work under scientific possibilities as diseases worthy of treatment and not with the horrible outlook of hopeless confinement. We have now had under treatment with vaccine from the dead acne bacilli and staphylococcus albus, 19 cases with the following results: 18 cases rapidly lost all evidences of acne or other suppurative infection; 18 lost nearly all evidences of toxemia from an objective standpoint; 18 showed phenomenal improvement in nutrition; 8 have sufficiently improved to return to their homes; 3, though they improved physically to a phenomenal extent, did not improve mentally and were committed to a public institution; 7 are still with us and steadily improving. One, a case when received of extreme exhaustion with exaggerated enteroptosis, with an almost total loss of gastric and intestinal motility, died of exhaustion.

These cases are only as "Ships that pass in the night," but the fact that we know our results were beyond our ordinary give to us a glint of a possible vision of the future and suggest to us a summary:

1. That all medication is at its highest efficiency when it arouses the natural defenses of the system.

2. That all recuperation depends upon the stimulation of the defenses.

3. That those medical materials that may act most powerfully in stimulating the defenses of the system may, and probably will, be some form of foreign protein, that being a protein substance closely allied to the tissue cell or some tissue salt that is as closely identified with the metabolism of the human system.

4. That the action of the homœopathic remedy as used in

the past is along the same lines and in the last analysis will be found proportionately powerful in the same degree that it is by origin, composition or action closely associated with metabolism or sharply antagonistic from its nature as an irritant.

5. That we must take into consideration in the etiology of any disease, lowered nutrition and elimination, and therefore a lowered defensive, and must weigh whether or not this lowered general condition is cause or result.

6. That whether the above be cause or result, recuperative power depends absolutely on possible raising of metabolism and defense.

7. That anaphylaxis often enters into a prognosis; that in hay fever it is doubtless the basis; the basis can only be removed by increased resistance.

8. That Thomas and Ivy of the University of Pennsylvania very recently state that "Biologic therapy by a potent polyvalent antistaphylococcic serum is more effective in the presence of a staphylococcic bacteriemia than is the corresponding auto-genous bacteria,"—therefore reliable stock vaccines may be used;

9th and last, all provings should be conducted along lines making it possible to read their action with the above premises in view; all drugs will eventually be administered either for proving or therapeutic use hypodermically or intravenously. The second dose will be withheld until indicated and as now used in serum therapy.

Our materia medica will thus be reduced in multiplicity of remedies while broadened in scope and possibilities. It will be definite, convincing and possible of demonstration. Shall we demonstrate it ourselves, or wait until others file their claims on our very homesteads?

Discussion

Dr. Cora S. King, Washington, D. C.: I have used some of the vaccines in chronic influenza, and have used the influenza and catarrhal bacilli with the streptococcus and staphylococcus, with good effect.

Cases that had failed to remain cured under such homœopathic prescribing as I was able to make and under the electrical treatments that I was able to call to my assistance, yielded to the vaccines. Improvement occurred at once, and I got good results. I consider the use of these vaccines homœopathic. I have had some cases with the colon bacillus as the central bacillus, with the streptococcus and the staphylococcus, and have had splendid results in chronic intestinal catarrh, and my cases have never made such rapid recovery with all the electrical

and vibrator treatment and the homœopathic remedy as they have since continuing with those except the remedy, for I drop the other internal remedy when I use the vaccines, thinking it to be a homœopathic remedy. I recommend to you the use of the colon bacillus and the staphylococcus and the streptococcus.

Dr. Diebel, Detroit, Mich.: The Doctor has given us a subject that is well worth our energies to follow up, and it is good advice. I think in discussing this paper we ought to stick very close to the point of lessening the toxemia and building up the resistance. This same thing is accomplished with vaccines. The thing he would have us think of more particularly is the building up of a depraved resistance in which the patient has become involved. It is the low resistance in the mentally defective, which is apt to be true if the mentality of the individual is awry, and the general status of metabolism and digestion and everything is naturally somewhat deranged—it is natural to believe that patient has an uphill job to overcome the toxins that have been developed in the body, and the progressive condition toward aggravation is immanent. For that reason we have a hard task to benefit these patients a great deal, and it has been, no doubt, a neglected part of our investigation in the treatment of the insane in any profound toxic condition. The question of acidosis which is very apt to exist in the majority of these cases is apparent possibly in various ways—by the fetid condition of the breath, and excretions showing us that there is a general lowered vitality in throwing off the toxins, and if it is possible for us to bring about a change in this line by raising the resistance, and possibly adding bicarbonate of soda to lessen the acidosis, our homœopathic remedy will be able to do a great deal more for us.

Dr. George Royal, Des Moines, Iowa: One or two points I want to make. First, the manner of administration. Now, I know there is always more or less objection to the use of the hypodermic for the administration of our remedies. You will remember when the author of this paper was president of the Institute, I presented a paper in which I advocated the method of administering the remedy and it was along this line. It was in 1899. Since then I am more than ever convinced that it is the proper method where it can be done. The paper brings me back to my old hobby, which the writer brought out in his last sentence, and in regard to which I want to speak further; that is the statement that all that these remedies need to make them homœopathic is a *proving*. May we not let the others get the start of us in this essential. I am glad to say that at a meeting held, yesterday, methods or plans were inaugurated for the most scientific up-to-date method of proving many of these products and in addition to the pathological provings there also may be added provings such as may be brought out only by following the rules laid down by Hahnemann. My two points are, one in the way of administration, and the other, let us get busy.

HOMŒOPATHIC THERAPY FOR MENTAL ILLNESS*

By J. Richey Horner, M. D., Cleveland, O.

Discussion

Dr. George G. Starkey, Chicago: I would like to ask Doctor Horner what is his experience with the so-called acute remedies in the treatment of the insane. I was very much struck by that well-known and remarkable cure of the patient for whom a remedy could not be found until it developed that he thought his mental processes were in his stomach. Aconite has that symptom; he received aconite, and was cured. We do not often think of aconite as a remedy for such conditions, and I am interested in the subject of how far it is safe and legitimate to delimit the action of the remedies commonly classed as "acute."

Dr. Clement A. Weirick, Chicago: Aconite has been referred to as having a symptom of fear. I wish to know if inherited mental conditions may be changed by internal medication. The limited experience I have had in trying to arrive at an answer to that question inclines me toward an affirmative one.

Example: Normal infant so far as I could determine, except frequent and prolonged crying. It occurred to me that, as the child was illegitimate, it might have frequently cried during the period of gestation. Pulsatilla was given, the crying, that I surmised might have resulted from an inherited condition, ceased.

However, if the abnormal state of the mentality be dependent on an innate immorality then its eradication does not come within the scope of medicine.

Dr. Orange S. Runnels, Indianapolis, Ind.: Insanity is a wide problem. It is not always inherited. Heredity is very much overrated. Don't forget that every tub stands on its own bottom. The personal equation is the greatest factor in the case. There may be reasons for insanity in the person himself. You will be surprised to find how much you can do by finding out the personal equation.

Dr. Loizeaux: We should forget insanity, and treat the patient. We would have such results that we would not like to tell the other fellow because he would say we were lying. We must forget the patient is insane, and treat the patient—whether with aconite, hyoscyamus or any other remedy. Give the homœopathic remedy faithfully, and it will go to the right spot. You will cure the patient and prevent his going to the insane asylum.

Dr. Horner (closing the discussion): There is no reason why we should not treat acute insanity with the homœopathic remedy. Such cases are repeatedly treated in homœopathic institutions with homœopathic remedies.

In regard to inherited diseases, there is no reason why a child that inherits disease should not be cured. From the standpoint of nervous diseases, we find very many conditions that are neurotic in a

*Jour. Amer. Inst. Homœopathy, Sept., 1915, p. 232.

child due to a neurotic state of the parent. A child with chorea may be a child of parents with epilepsy or some other nervous disease, not necessarily chorea. The time to treat inherited disease is before the children are born.

I might call your attention to a very good article in the *Homœopathician*, regarding the case of an expected mother who was treated with a view to controlling the health and characteristics of her child. You can prevent children being born with broken down constitutions by taking care of the parents.

THE COOLIDGE TUBE IN ROENTGEN THERAPY*

By Rollin H. Stevens, M. D., Detroit, Mich.

It is a long step over two decades from the discovery of the x-ray and its production in the primitive Roentgen tube—in which the walls of the tube served as a target for the cathode rays, and a small ball or disc served as cathode,—it is a long step from that to the modern Coolidge tube. Indeed it is a long step from our modern ordinary transformer tubes to the Coolidge tube, particularly so far as roentgentherapy is concerned.

Many serious accidents happened to both patient and operator in the earlier attempts at roentgentherapy. These grew less as both tubes and exciting apparatus improved, and with these improvements our knowledge increased through painstaking work and experiment.

First, we had to learn something of the nature of the x-ray itself, its macroscopic and microscopic effects on normal and pathological tissue. Second, we gradually evolved a technic of dosage, beginning with the absolutely unmeasured dose, which often resulted in burns of various degree; then, giving indefinite doses measured only by time, with "hard" and "soft" tubes, until an erythema was produced; then, we measured dose by comparisons of color changes in chemicals affected by rays, by means of the radiometers of Holzknecht, Sabourand and Noire, Bordier, Kienböck, Schwartz, Hampson and Corbett. We studied of penetration first, by measuring the parallel spark gap, then by use of the more accurate instruments of Wehnelt, Walter, Benoist, Villard, Bauer and Christen.

The introduction of filters or "hardeners," as Christen would have us say, by Pfahler and others has enabled us to

*Nat'l Soc. of Phys. Therap., 1915.

utilize harder rays in greater proportion than before, thus increasing the "half value layer."

The inverse radiation in the tube was due to several factors, the tube itself and the apparatus exciting it. Its correction was first attempted by multiple spark-gap, then by valve tubes of various kinds, but rather unsatisfactorily, until finally with the improved construction of tubes came the interrupterless transformer, which gave a unidirectional current by picking off a certain percentage of the wave.

But most of the improvements in exciting apparatus came about for the purpose of improving roentgenography rather than roentgentherapy.

The transformers were built to deliver heavy currents at comparatively low voltage. Therapy was hungry for high voltage with moderate amount of current, more than that of the static machine. Therapy needed a ray of high penetration power, a moderate amount of current, and tubes which would "stand up" under the strenuous bombardment long enough to give full doses deep in tissues to a rather large number of small areas. Time-saving as well as deep penetration was an important factor in order to make deep therapy practical.

The advent of the Coolidge tube has met these long felt wants. The only important improvement we see ahead is a still greater increase in ray penetration to equal as nearly as possible that of the gamma ray of radium. That may not prove to be so essential, but most x-ray therapists are looking for it. This, however, means improvement in apparatus as well as tube.

Some time ago Dessaner announced success in this line, having produced apparatus and tube which give rays which answer every physical and biological test to make them identical in penetration and other qualities with the gamma rays of radium.

With the Coolidge tube excited by a special Wappler treatment transformer (interrupterless) we have been putting from 7 to 10 ma. of current through the tube, backing up a parallel spark gap as high as 10 inches. This is equivalent to a penetration of over 10 Benoist.

My tube holder is arranged with heavy glass cones which rest on the skin and are so disposed that all treatments are thus given at 8 inches distance from the target.

For some time past we have been using, too, a uniform

amount of current, namely, 7 to 8 ma. through the tube, with a filter of 3 mm. of aluminum about $\frac{3}{4}$ " from the tube, and sole leather, or bromid of silver paper and loffa sponge in a cotton case next the patient. A parallel spark gap of 9 or 10 inches is always backed up. We have deemed it wise for the present to keep to this technic in all cases varying only two factors, namely, penetration and time, with the following doses as determined by the Kienböck strip:

- 9" spark 3 minutes gives 15x.
- 9" spark $3\frac{1}{2}$ minutes gives 20x.
- 9" spark 4 minutes gives 25x.
- 10" spark 3 minutes gives 20x.
- 10" spark 4 minutes gives 25x.

In a few cases of abdominal tumors we have ventured to give 25x with 10" parallel spark. There have occasionally resulted in places patches of slight dermatitis which have cleared up in four or five weeks. With 20x occasionally there is some browning and scaling of the skin, but more frequently no change is seen. Of course these heavy doses are only used in malignant cases, or deep-seated growths, and the doses repeated in three or four weeks. For superficial skin work only 5x to 10x with 3 mm. aluminum filter and 9" spark are given as a rule at a sitting and the doses repeated once a week in series of 4 to 6. Of course the superskin absorbs only about 25x to 5x of this.

With this technic we are getting surprisingly good results. We work with confidence and do not measure all doses any longer by the pastilles, or even Kienböck strip. For many years we have used the pastilles of the various types on the market with the ordinary tube, but while they have been of great service, it was a great disadvantage to be so far from the source of fresh supplies. Several times pastilles were received which were too dry to be reliable. Keeping them in a moist chamber as suggested by Pirie was a nuisance. Frequently they were forgotten and the chamber became dry. Often they became moldy and unreliable and altogether they were a source of trouble. So that for several months while using the Coolidge tube we have discarded their use, and depended upon the factors mentioned for our dosage. These factors with this tube have been so constant and so easy to reproduce that we have felt no anxiety about results.

With such hard rays (according to Gauss & Lembcke) and

the 3 mm. aluminum and leather or photographic paper filters perhaps only about $\frac{1}{2}$ the dose is absorbed by the first centimeter of tissue, or less than one half by the superficial skin say, for $1\frac{1}{2}$ mm. deep, so that 20x can be safely given to any one area of skin at a time provided this dose is not repeated in less than three weeks. Some report they repeat the first full dose in two weeks with safety, but after that wait the full three or four weeks.

When the Coolidge tube first appeared, warnings were given as to its dangers, and the most horrible x-ray burns we have ever seen were predicted. This was because of the great quantity of rays the tube is capable of producing, and for one, unfamiliar with modern technic, to attempt to use this tube, calculating time and distance alone as factors, undoubtedly these serious accidents will happen.

But like all perfected scientific apparatus in the hands of the experienced operator, with knowledge of the laws and methods governing the "penetrating power," and of those concerning the measurement of "radiant energy," the Coolidge tube is the safest, because of the non-variability of quality and quantity of rays, under certain easily determined conditions.

Clinical Experience

In acne, certain types of eczema, lichen planus, rosacea, etc., we have been using the harder rays (9" parallel spark) at 8" dist. with 7 ma. of current for $\frac{3}{4}$ to $1\frac{1}{2}$ mins. once a week with very favorable results. But a small proportion of the rays are absorbed by this method by the skin it is desired to affect; but we used it first as a safety measure, believing that one is less liable to become confused or make a mistake if he sticks closely to one technic. Less filtration and softer rays might give quicker results, but I prefer if possible not to remove or change filters, or quality of ray, and then I have fewer factors to keep track of. It is possible that later I may modify this plan considerably. The one factor which is an unsafe one at present is the time factor. So far I have been unable to obtain a dependable timer which would shut off the current at the proper time. Those on the market I have tried are mere toys and wholly unreliable, as they get out of order too easily.

At present I am having built for me a timer which I believe will be accurate and substantial. Such an instrument is badly needed as the attention of the operator may be diverted, from

some cause or other, just long enough to result in a serious burn; and when we are using such powerful apparatus it is absolutely essential that we be as accurate as possible in all our calculations.

In the treatment of malignant or benign growths of deep location in the body, we attack them by the crossfire method through a sufficient number of ports of entry to get the desired dose in the deepest tissue affected, remembering that the effect of the ray depends primarily upon its absorption by the tissues; that the superficial tissues absorb the greater part of the rays; that this absorption diminishes with amount of filtration and hardness of the rays; and that small doses stimulate pathological as well as normal cells to greater activity. Therefore if we are treating a malignant growth, and the deeper cells do not receive what for them is a destructive dose of the rays, we either do no good, or we do harm, depending on whether or not the cells have received no ray at all, or only a stimulating dose. It is now possible to give any tissue in the body full doses of rays without injuring the skin seriously. So that other things being equal there appears to be no reason why we should not be as successful in the treatment of deep seated cancer as we have been in the treatment of superficial cancer if we only observe the proper technic.

I say "other things being equal." Of course we must remember that the greater the extent of diseased tissue, the larger the amount of toxic material to absorb. And it is a question how far we should go in this direction.

For years I have strongly advocated pre-operative as well as post-operative treatment of malignant growths. Later experience has amply confirmed this view. Theoretically it seems better to remove the gross part of a growth rather than attempt its complete dissociation and absorption because of the toxic results of the latter. But to cut into live active cancer cells, infecting surrounding and distant tissues through lymphatics and capillaries, experience has shown to be bad surgery. In attempting radical removal by cutting well beyond the growth as one supposes, the surgeon seemingly gets into trouble just the same, for the great majority of these growths return even after the most radical operations and keep returning after each succeeding operation.

By first properly dosing all the tissues in and for a large area about the growth, particularly the regions most frequently

the sites of metastases, the wandering malignant cells as well as most cells of the growth itself are inactivated or destroyed, and then the operation can be performed with much better chances of success. Then, by following up this treatment after operation in the operated and predisposed metastatic fields, complete cures may fairly be hoped for.

The treatment of fibroid tumors of the uterus by the cross-fire method has been greatly simplified by the use of the Coolidge tube and the treatment reduced from 5 or 6 hours to an hour and a half, or two hours, our plan of attack being similar to the Freiburg method, namely, full doses of 20x through 20 to 24 or more ports of entry. Cancer of the uterus is treated in the same way. Severe and persistent nausea and vomiting like sea sickness with pain in the head, abdomen, limbs, occasionally chills and fever follow many times if the treatment is all given in one sitting. We have found by dividing the time up into two sittings given on successive days, and keeping an electric fan going in the room to bring about rapid change of air, that we avoid this illness. They all complain of a peculiar sickening odor from the tube.

Carcinoma of the uterus and other pelvic and abdominal growths are treated in the same manner and reports to date are very encouraging.

In carcinoma of the breast we recommend pre-operative raying, as well as post-operative. We do not agree with the present dictum of the surgeons that operation for cancer must be performed at the earliest possible moment. Time spent in treating these cases properly with the ray is not time lost, in my judgment, but is well spent for both patient and surgeon. I believe surgical statistics in cancer would be much better for preliminary roentgentherapy by those competent to give it.

Case 1. Mrs. S. Age 75. Referred to me by Dr. A. R. Moon, February 10, 1914; had a large cancer of the left breast the size of an orange, with nipple wholly inverted and the tumor adherent to the chest wall; glands in left axilla the size of an almond, some the size of a pea in the left supraclavicular region. The growth started as a "small lump" four years before, and had grown more rapidly lately. It showed a tendency to break down at one spot. She had a weak, irregular heart, difficult breathing and much "rheumatic" pain in the left shoulder. Roentgenograms of chest and shoulder revealed no signs of metastasis in the mediastinum, but a suspicious atrophic area in the head of the humerus. She had steadfastly refused operation from the start. Growth very painful. This was treated with x-ray first before the time of the Coolidge tube and later with the latter tube. The breast was divided

up into four ports of entry, the axilla, shoulder and supraclavicular region into eight more; and doses of 20 x, 9 Bauer penetration, through 3 mm. al. filter with several sheets of photographic paper and loffa sponge, with a water cooled tube, given to each part.

Improvement was marked at the end of the first three weeks, when the second similar treatment was given. Treatments were repeated every three to four weeks until November 19th, when they were discontinued for a time. By this time she seemed to be almost well. My notes of April 28, 1914,—two months after beginning the treatment—state: "Growth softer, freely movable, not well defined, only an indefinite thickening, fading out gradually into the breast tissue, nipple extending out. No enlarged axillary or supraclavicular glands are found. Feeling much better, breathes better, heart more regular." I suggested operation and she consulted a surgeon, but she refused operation, and the surgeon thought unless the growth started again, in view of her advanced age, the heart condition and such marked improvement, it might be as well to let it go as it was. She reports every three or four months for treatment, but there is no sign of any return of growth. "Rheumatism" in shoulder is gone and for months she has been feeling very well.

Case 2. Mr. R. Age 45. Cancer of the penis. Had phimosis with small opening until five years ago. Was then circumcised and some "tumors" removed from the glans. He saw nothing further of the latter for three years and then he noticed new ones develop. At present time, 4/14/14, he has three ulcerating epitheliomatous growths on glans and fraenum, the largest about the size of a walnut. He suffers much pain and there is a continuous offensive discharge. Some diminution in the size of urinary stream of late. Metastases are present in the groins. He has lost about thirty pounds in weight in the last few months.

He was given x-ray in large doses with high penetration, cross-firing through the abdomen and genitals every three weeks until July 30, 1914—four months.

The growths on the penis continued to ulcerate and break down, but the glands in the inguinal region steadily diminished in size and finally disappeared. He then consented to amputation, and August 1st, Dr. Hewitt amputated the organ close to the pubes, but did not attempt anything further.

The day previous to the operation I rayed the penis from an inch beyond pubes to the distal end with four times the erythema dose and without filter, carefully protecting the base of the organ (which had just had a safe dose) and the adjoining tissues. The idea of this was to be sure to destroy as many of the cancer cells as possible previous to operation. He was rayed five times after the operation, from the testicles to the liver, by cross-fire and deep therapy. Within three months the patient had gained forty pounds and went to work feeling well. He reported a couple of days ago that he never felt better in his life and is working every day. There are no signs of return of growth.

These cases are sufficient to illustrate the value of pre-

operative treatment, and the fallacy of hurrying operation if it is possible to have suitable roentgen treatment first. There is much evidence to show that the ray in sufficient dosage, not only destroys cancer cells, but stirs up normal cells to increased resistance. Many surgeons have feared the opposite result, and so have discouraged the roentgen treatment. The time is here when surgeons should take a different view of the treatment of cancer.

I shall not take your time in this paper to report cases treated with the Coolidge tube during the past year, suffice it to say that we have treated with apparent success to date, in addition to a number of superficial epitheliomas, skin troubles, etc., one case of lymphoblastoma of the tonsil, operated twice with recurrence in submaxillary glands, three recurrent carcinomas of the breast, and three large fibroids of the uterus.

One case of pseudoleukemia which we had been treating for more than a year kept up an improvement for several months, but at the time of the last treatment appeared to be failing as these cases usually do and we expect a fatal termination. This case was also being treated at the same time by Dr. G. P. Meyers with a vaccine of the bacillus found in the excised glands. This case received thorough deep therapy through the mediastinum and abdomen in addition to enlarged lymphatics on the surface. The latter readily disappeared, but the patient finally grew weaker.

And finally, a word as to the comparative value of radium. Without taking more of your time I can simply state that the identity of the gamma ray of radium and the roentgen ray has been pretty well established, though the gamma ray of radium is probably five or six times harder than the hardest rays from an ordinary roentgen tube.

The harder rays from a Coolidge tube excited by a special transformer probably approach closer to the radium gamma ray than this. Therefore it is probable that we shall be able to do with roentgen ray most that radium can do, and more, though at present the radium has its special therapeutic indications, but it is decidedly limited. It is folly to depend upon radium alone in deep seated malignancy, and it has been used with some measure of success in cancer of the uterus, but its field of action here is very limited as the radium cannot cover a sufficiently large area to make it dependable for a complete cure. In cancer of the uterus, the ovaries, groins, and the

whole pelvis, at least, should be treated. This is not practical for small tubes, or applicators of radium as it is for the deep roentgen therapy. In cancer of the breast, the mediastinum, liver, perhaps spine, or other bones, must be treated if we would have success. We must reach, if possible, metastatic cancer cells wherever they are likely to go. The same applies to other deep seated cancers. A million dollars worth of radium could scarcely accomplish this amount of deep therapy, yet it can be done with suitable roentgen apparatus.

After an experience of about twelve years with the use of radium and x-ray, I am firm in the conviction that though the gamma rays of radium are more penetrating than the x-gamma rays, the field of radium is limited to superficial work for the reason that the radium gamma rays are so few as compared with the x-gamma rays, which latter can even now be produced so abundantly and in sufficient penetration to give proper dosage to any deep seated area in the body.

In nevi of all kinds radium seems to have a specific action which x-rays do not appear to have. This may be due to the accompaniment of the beta rays with the gamma rays of radium. The results in this class of cases are very pleasing and satisfactory.

In some superficial epitheliomas it is sometimes more convenient to apply radium than x-ray, though one will cure as well as the other.

In one case of extensive rhinophyma I have treated by radium, almost a complete cure has been made, though I treated the usual accompanying rosacea of the non-tumorous part of the nose, the cheeks, chin and forehead of this case with x-ray.

In conclusion, the Coolidge tube, when excited by a suitable apparatus, produces an abundance of the most penetrating rays for hours at a time without appreciable change in or damage to the tube, thus making it ideal for therapeutic work.

While the Coolidge tube in therapy may be exceedingly dangerous in the hands of the inexperienced (and any x-ray tube is dangerous enough in such hands), it is the safest instrument we have worked with, because of its non-variability, and its ability to produce rays of certain type under certain well known and easily adjusted conditions.

Because of the abundance of rays produced of the type desired, it is a great time saver, a factor of highest importance

to patient and physician, as it makes deep cross-fire therapy of large fields of the body practical, a valuable factor in the treatment of such cases as cancer and fibroids.

Discussion

Dr. Dieffenbach: For members of this Society who are a little bit hazy in regard to the new development of Roentgen technic, the points brought out by this paper and its subsequent perusal in the JOURNAL will be of much importance.

Your Chairman has had some experience with the Coolidge tube and last year some of you may remember that he showed some of the early work with the dosage of the Coolidge tube and also showed some of the pictures taken with the Coolidge tube. There is no question but that the discovery of the Coolidge tube has placed roentgenology upon a much higher practical sphere than it has been before, although there has been progress made continually in the technic and application of the x-ray. The fact that the vacuum of the tube does not vary gives us a comparatively reliable agent, while the ordinary old type with its constantly changing vacuum prevented securing scientific and accurate dosage such as Doctor Stevens has so well outlined.

Another method which the doctor has brought out in his paper, was that after you have tested your Coolidge tube, tested out its spark gap and fitted it to your transformer, you can, by spending a half day, test out its distinct sphere of action on your apparatus and you can then tell exactly what effects you can secure in a given time with a distinct spark gap and with a distinct point on your rheostat so you know that when you give ten seconds of exposure with the Coolidge tube on Monday you will secure the same result on Tuesday, Wednesday, Thursday, Friday and Saturday with the same arrangement of your apparatus. It isn't like the old tube, where the variation of a vacuum would make you guess and feel in doubt whether you were going to get the same good result that you had in one case or that you might repeat as you had before in another case. The earlier reports that many of the pioneers gave in regard to the Roentgen ray were very frequently contradicted in open meeting by men who tried the same methods and failed. It was due to the fact that some difference in technic was at fault. One man would have one result and another man would buy a machine and without proper experience, without technic, would try, under certain conditions and would fail miserably. It would be due entirely to the fact that the technic wasn't the same, that the circumstances were not the same, that the energizing agent was not the same and that possibly even such things as atmospheric conditions were different, so that the vibration differed in certain cases with the old x-ray tube. At present a great deal of this doubt, as Doctor Stevens has clearly pointed out, is eliminated and those of you who do much x-ray work can make no better investment than to change, even at great expense, your equipment, and try, in certain cases, the use of the Coolidge x-ray, if you do sufficient of the work to warrant it. In our own work we find that although some of the op-

erators do not use the Coolidge tube very largely for picture work, that we can, by the same process that the Doctor has worked out with his therapeutic work, get invariably even results in picture work also by knowing the exact dosage, by knowing the exact time and by knowing the exact distance in each distinct case and remembering the depth of tissue to be gone into. We can say even to inexperienced help, "Give this patient a ten second exposure at such and such a distance with the same spark gap and same rheostat button," and we know that although they may not know much about the x-ray that they will usually get a very good picture. And it has helped the Roentgenographic work largely. The latest development in that line is a metallic tube which, I think, will eventually replace the Coolidge tube. The Coolidge tube, as you know, is an expensive apparatus, being made of glass. The great risk of breakage is always present so that if you break one of those tubes, your loss is great. A bronze tube has been constructed, made entirely of metal, with flint glass windows and a higher exhaustion of vacuum than the glass Coolidge tube, for the passage of the vibration, and it is claimed that it is going to approximate the deep gamma rays of radium, which we are all attempting to get in larger amounts, much more successfully than even the Coolidge tube has been able to produce.

In regard to the points which the Doctor brings out as to the use of radium and x-ray, I feel that both of these agents can be used very successfully in conjunction. I feel, for instance, in an inoperable condition of the uterus by dilating the os and introducing ten to twenty-five milligrams of pure radium metal into the cavity and giving a dosage of from two hundred and forty to seven hundred and twenty milligram hours, with proper filtration, we certainly can influence nearly every cell of the uterus. But as the Doctor points out, the radiations are limited and if some of the weaker rays reach portions of the malignant tissue that are distant from the place of application, you may stimulate those and do damage. Therefore, the combination of such a powerful agent as the Coolidge tube in conjunction with the application of radium could be utilized there and the application of the x-ray over the inguinal region, over the abdominal region, over the liver, should be employed because radium, covering a very small space, while it may do for the uterus, would not reach those distant areas and the whole pelvic area, so that the combination of both agents must be considered in those cases.

Another point I want to emphasize is that we must consider these agents, radium and x-ray, as very powerful agents, like a double edged sword, if you use them improperly you will cause damage, but if you use them with a definite technic, if you use them with a definite dosage and do not repeat too soon, you will get definite results such as are infrequently reported in our journals at the present time. The failures of the use of radium and x-ray are many. They are dependent, of course, on circumstances over which these agents have no control. If the patient is moribund and you cannot get a reaction to your primary treatment, you cannot cure the case. If your patient is on the brink of the grave, no remedy will produce sufficient reactive force to pro-

duce any sufficient change, and it is well to bear in mind that it is not the radium, it is not the x-ray that does the curing in these cases, but it is the reaction of the patient's organism to these rays that produce changes. A dose of the Coolidge tube radiation will produce profound remedial changes by means of *curative fibrosis*, which we look for. The same thing occurs with radium. If you have profound anemia in an individual who cannot react, your best efforts will be futile and you score a failure. You must not blame that on the agent; blame it on the patient. In many cases, don't consider that the agent is a failure because you fail in certain cases. You will succeed in others, and your success will more than cheer you up for the chagrin which you had in your failures. I have gone through the stages ever since the discovery of the Roentgen ray,—of waves of enthusiasm and waves of depression on the use of the Roentgen ray and in the last twelve years also in the use of radium. These agents have a definite, distinct, positive use. It belongs to us to carefully define these uses as our worthy ex-President has done today in such an able manner, and if we study this technic carefully and follow it carefully, we shall have no regrets.

THE INADEQUACY OF CALORIC VALUE AS THE SOLE CRITERION IN DIET FORMULATION*

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Of the many factors conditioning the progress of medicine during the last few years, the studies in the causation and prevention of disease are certainly not the least significant. But in the numerous special fields which make up these two great departments, the advance has been far from uniform. The relative simplicity of certain problems has permitted of their partial solution, at least, after studies of comparatively short duration and definitely limited scope. Others of equal, if not greater, import to the race, by their very nature negative the attainment of any decided conclusion until vast stores of data shall have been gathered in numerous researches extending over several generations. In this latter category, the problems of human nutrition occupy a well nigh unique position. Nutrition and reproduction are the two basic functions of the ultimate biological unit, the cell, and man in the last analysis is but an association of these units in measurably definite form and relation.

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To say, then, that human nutrition is one, if not the vital, problem of the race, is but to state the obvious. As the conservator of the public health, it devolves upon the physician to collate the facts elicited by observation and experiment to draw from these sources the warrantable inferences and finally, in the light of the conclusions thus secured, to formulate systems of diet which shall meet the manifold requirements of man's complex entity. At the outset this duty may be divided into two broad divisions, namely:

First, to maintain health.

Second, to restore health.

Considering for a moment the first of these, the necessity at once presents itself for the formulation of dietary standards calculated to maintain health and bodily well-being at its highest level. This initial step leads at once to highly debatable territory. A great French savant once said that no field of human thought could be regarded as a true science until its phenomena could be subject to mathematical expression. That this criterion may be over-strict is perhaps open to discussion, but it must be conceded that rapid and comprehensive development has always been the immediate result of such application. Of the departments of knowledge which are involved in the present question, that of physics was the first to utilize the concepts and formulations of the parent science and it is not surprising, therefore, that the earliest efforts to establish dietary standards should find their basis in physical considerations. The nitrogenous character of the animal body and the deficiency of two of the three great classes of energy-producing foodstuffs in this essential element led to the enforced addition of certain simple chemical requirements, but dietary formulation in its essential aspects rested primarily upon the energy content of the food materials. The assumption was made more or less tacitly that in any diet conforming to these standards, there would be an adequate and natural supply of the non-energy producers, as water and mineral salts. As the many varied fields of chemistry have developed and their interrelations become more evident—in greatest measure through the gradual expression of their diverse phenomena in mathematical terms,—the necessity of enlarging the number of factors essential to adequate diet calculation has become more and more apparent. The modifications in existing standards necessary to comprehend these more recent considera-

tions are but slowly gaining recognition and it is not unfair to say that the existing dietary systems at present in force are based primarily on the energy content and Fat, Carbohydrate and Protein ratios together with the added consideration of food sources, a factor introduced by still other and extraneous considerations. The scope of the present paper will not permit of a discussion of the relative merits of the so-called "mixed," the true, lacto- and ovolacto-vegetarian, the fruitarian, the high and low protein, raw food and purin free dietaries, except in so far as they are germane to the question under discussion. In this connection, the question of *availability* may suitably find place. Assuming that a dietary standard has been adopted in which the energy content and protein requirement are definitely stated, it is not enough that the data of the many admirable diet tables shall be taken and the computation based upon the calorie and protein content of the different items. There is a marked difference in the digestibility of food from different sources, showing perhaps the greatest variation in the protein element. The exhaustive researches of Rubner, Atwater and Benedict—to name but a few of the many workers in this field—illustrate most strikingly the necessity of considering the coefficient of assimilability. For example, while 97.5 per cent of the protein of ingested meat is absorbed, only 68 per cent of that contained in whole rye bread is assimilated. Whereas meat, fish, eggs and milk show a relative absorption of respectively 97 per cent, 98 per cent, and 95 per cent of their protein, carbohydrate and fat content, cereals fall to 85 per cent and 90 per cent respectively for protein and fat, while dried legumes have available but 78 per cent of protein. In a low protein dietary where the nitrogen intake approached the physiological minimum, a partial inanition could easily result were the factors of availability disregarded. The problem is not an entirely simple one, as Abderhalden has recently shown that the nitrogen minimum is dependent in part on the content of nitrogen free organic food. On a diet of potatoes, 4.5 grams of nitrogen maintain the balance, while if Swedish bread be substituted, 5.9 grams of nitrogen are required. Other factors may thus exert an influence which is dissociated from their intrinsic energy content. In a series of most valuable and illuminating studies made among the nations of Bengal, McCay found that the bulky diet with its large cellulose content so interfered with the normal digestive functions, caus-

ing delay in expulsion of stomach contents and markedly increased peristalsis, that the absorption of cereal protein fell from its normal level of 85 per cent to but 55 per cent assimilated. On the other hand, a certain amount of cellulose is essential, as von Knieriem in a series of experiments with rabbits has shown, for while in man it is practically unabsorbable, it is a most valuable excitant of peristalsis. Thus with vegetarians who are subsisting on a diet intentionally freed from cellulose—and thus rendered less bulky—the ingestion of nutritively inert agar-agar is found to be desirable, if not essential.

Before turning to the consideration of the second topic, a word may be said concerning the psychological factor. Reasonable variation in the food articles consumed seems on the whole to be desirable, although wide differences exist in the degree of monotony produced by different foods and in the response of different individuals. For example, the writer's breakfast for a period of some twenty years has been of substantially uniform composition, and yet there has been no lessening in the palatability. The exhaustive studies of Pawlow and his school leave no room for doubt, however, of the importance of what may be called the mental phase of nutrition, and in preparing a dietary, variability and concomitant palatability should not be ignored. Holding no brief for any of the existing dietary systems, the writer feels that the chemical aspects of normal diet standardization as to relative proportions and food sources constitute one of those problems the ultimate solution of which can come only to some generation that shall succeed the present. Data is at hand for working hypotheses, however, and the individual must formulate his standard in accordance with the dictates of his judgment as to the relative weight and value of the many facts thus far elicited.

Leaving, then, the question of normal diet standards at the point conditioned by the limitations of present day knowledge, the formulation of diets calculated to restore health may now be considered. For the sake of convenience, these may be divided as follows:

A. Diseases in which a faulty diet is

1. Directly responsible, as in the group of so-called "deficiency diseases" and those resulting from excess.

2. Indirectly responsible, as in those states of lowered resistance where the organism is rendered more susceptible to pathogenic influence.

B. Diseases in which errors in

1. Anabolism

2. Katabolism

are directly or indirectly causative.

C. Diseases caused by morbid influences other than errors of diet, in which, however, regulation of diet may exhibit curative or ameliorating influences.

The present discussion is concerned chiefly with the diseases resulting from faulty diet, as in the formulation of dietaries, such disorders may arise if the various factors here considered are not given due consideration. For example, certain morbid features appearing during convalescence from typhoid may be ascribed to beriberi—a deficiency disease, resulting from a high carbohydrate and vitamine poor dietary—and not to any inherent manifestation of the infection.

As was stated earlier, in the preparation of dietaries care may be taken to insure an adequate energy content, and a suitable relative proportion of fats, carbohydrates and proteins, but the assumption is frequently made that under such conditions, the natural food content of the non-energy producing mineral salts will be entirely adequate to the needs of the organism. While in many cases this is undoubtedly true, the many methods of preparing food by which the salt content is most significantly diminished, render so sweeping a generalization highly unwarrantable. The fact that salts are essential to continued health received its first experimental verification in the classic experiments of Forster, who fed dogs on a salt free but otherwise adequate ration and found that the animals died even more rapidly than when entirely deprived of food. Bunge's explanation that this was the result of an acidosis arising from the oxidized sulphur of the protein molecule was confirmed by Lunin in an elaborate and painstaking series of experiments with mice. The latter showed that the carbonates of sodium and potassium would prolong life somewhat, but not indefinitely, and that the chlorides of the same metals were without influence, thus lending a marked degree of probability to the acid intoxication theory. Mice fed on a salt free but otherwise balanced diet to which was added the

proper proportion of a mixture of salts designed to duplicate those of milk, lived hardly longer than the mice on the carbonate diet. Thus the final result is somewhat indeterminate, the lack in the experimental diet of some unknown organic constituent of milk—upon which latter ration the mice lived indefinitely—being as probable as that a mineral substance had failed. The recently developed vitamine theory, of which mention subsequently will be made, may throw some light on this problem.

Further, one mineral base will not replace another, even though the chemical relationship may be a very close one. In the vast number of studies carried out along these lines, among which the work of Loeb stands out preeminently, the definite specificity of the individual cations has been amply proven. Of all the mineral salts which are necessary for the maintenance of the organism, under ordinary conditions, sodium chloride seems to be the only one which must habitually be added to the diet. This apparently anomalous state has been explained by Bunge from an exhaustive investigation of the ratio of sodium to potassium in the body and its nutrition. This ratio in the blood is the constant one of about 17 parts of soda to 1 of potash. The nutrition of all but the carnivora is relatively much richer in potash, the disparity increasing as foods of vegetable origin form an increasing percentage of the total food intake. To preserve the balance additional soda is essential. While there are many facts which are seemingly at variance with this theory, the weight of evidence seems to confirm it. Further, sodium chloride plays a most important part in the regulation of other body functions. As the source of the chlorine of the acid secretion of the stomach, a regulator of osmosis throughout the body, a stimulant of no small efficacy and a promoter of assimilation of organic food stuffs, sodium chloride plays a most important role in the body economy. In connection with the last of the foregoing functions, it is interesting to note that pure albumin is absorbed very slowly, if at all, by the intestinal wall. In the presence of small amounts of common salt, however, it is rapidly and readily assimilated. The significance of this fact for the preparation of nutrient enemata does not need to be emphasized.

What soda is to the fluids, potash is to the tissues of the body. It is one element, however, that would probably be in-

gested in adequate amounts under any dietary regimen. The theory that scurvy was due to lack of the potash salts is hardly tenable in the light of recent work on the vitamins. The interesting observation of Motteram that the potash content of the erythrocytes of cancer patients is notably greater than that of the healthy is of probable significance, but the poverty of our knowledge precludes any adequate interpretation of the phenomenon.

Another highly essential element is calcium or lime. Tibbles regards life of the organism as divided into three calcium periods, namely,

1. Growth, during which the organism is taking up lime and incorporating it, chiefly in the bony structure;
2. Reproduction, during which calcium is required for the growth of the foetus, formation of milk and other secretions;
3. Old age, in which the body ceases to require lime for the special functions already named and hence the latter tends to accumulate in the tissues causing aetheroma, and the various degenerative changes incident to this period of life.

If to these be added such permanent functions as are to be found in the regulation of blood clotting and other protective phenomena—as the calcification of degenerating tubercular foci—and in the antagonistic action of lime toward the effects produced by other elements, the insistent need of the body for this element is most apparent. The above mentioned antagonism of lime toward other elements—illustrated most interestingly in the well known observation of Fischer that the glycosuria produced by the intravenous injection of sodium chloride is corrected and the primary effect inhibited by the injection of a trace of calcium chloride—finds an interesting suggestion for explanation in the recent work of Osterhout.

The latter, by an ingenious electrical device, measures the rate of permeation of the cell by sodium chloride and has observed that the presence of small amounts of calcium retard the rate of sodium penetration to a very marked degree. Certain pathological conditions, in which disturbances in the calcium metabolism are salient features—rachitis, osteomalacia, spasmophilia—will be considered in a subsequent section. Experimental evidence is not lacking—the recent investigation of

Sherman gives abundant testimony—that a diet of adequate caloric value and including an ample protein provision, may still be notably deficient in lime.

Equally necessary to the organism is the element iron. It is not too much to say that the healthy oxidation changes of the body—fundamentally vital functions—are dependent on the iron metabolism. Further, it is not improbable that the iron must be in organic combination. The hematogens—compounds of iron and nucleo proteins—are to be regarded as the chief source of the iron that ultimately exercises its most important function in the formation of hemoglobin. That this is true of embryonic life and in infancy has been conclusively proven. The influence of inorganic iron in such morbid states as anemia and chlorosis would seem to point to a possibly greater adaptability of the more adult organism, but the explanation of Bunge that inorganic iron protects existing organic iron compounds from destruction by the hydrogen sulphide which is an incident of the disease possesses some measure of plausibility. Spinach, egg yolk, asparagus and beef show the highest content of our common foods, milk, wheat, barley and rice the lowest. In any case, whether inorganic iron can form hemoglobin directly or indirectly it is essential that the organism receive an adequate amount both of the element and those food stuffs, such as proteins, which contain the other organic groups which go to build the hematin complex.

Of the non-metallic elements, phosphorus is a certainly essential and highly important constituent of the diet. Passing over the more obvious of its many functions, attention may be called to the work of Schaumann, the chief opponent of the already mentioned vitamine theory, who has definitely proven that feeding with grains from which the organically combined phosphorus has been removed will produce the typical polyneuritis in fowls which is the animal equivalent of beriberi in man. It may be said in passing that the operations which remove or destroy the organic phosphorus compounds would exercise the same effect upon the vitamines, and Schaumann's conclusions are not, therefore, free from question.

In connection with phosphorus in organic combination certain of the lipoid bodies, namely the lecithins, should be considered. These phosphorized fats play a most important, though as yet not clearly understood, role in the organism. The suggestive experiment in which a suspension of erythro-

cytes in normal saline can be rapidly hemolyzed by cobra venom only if lecithin, or material containing it, be added is but one of many as yet uncollated facts. While Overton's theory of the lipid character of the cell membrane seems improbable in the light of Osterhout's recent work, yet the lipoids are essential constituents of all cells and with protein go to form protoplasm. It is probable that the organism can form lecithin from inorganic phosphoric acid, but that fact does not render the phosphorized fats any less desirable as sources of this essential element.

Another of the lipoids, the substance cholesterol, is also found universally distributed throughout the organism. No little interest attaches to it from the fact that it antagonizes and inhibits the lecithin action in the cobra venom hemolysis. The work of Gardener and Lauder make it seem probable that the organism does not possess the power of synthesizing it—its homocyclic character is confirmatory evidence to this fact—and hence an adequate supply must be included in the dietary. That this would not necessarily be true of an otherwise balanced diet may be freely assumed. Magnesium, fluorin, iodine and probably arsenic are other elements found normally in the body and for which suitable provision must be made in the dietary, but the present state of knowledge is too imperfect to allow of a conclusion as to their special significance in any morbid state. The relation of magnesium to calcium and the presence of iodine in the thyroid are very suggestive, however,

Within the last few years, an entirely new group of substances have been discovered, which, although occurring only in minute traces in foods, are none the less in minimum quantity absolutely essential to growth and continued health of the organism. Reference is made to the vitamins, as Funk, the chief and pioneer worker in this field, has named them. A brief historical summary may be permitted. For many decades the fact was known that scurvy was due to some deficiency in the diet. The long continued use of dried or preserved food incident to long voyages was believed to have a definitely causative effect, especially as the rapid curative action of fresh food, especially of vegetable origin, was definitely proven. It was not until the study of beriberi, endemic in the East, was undertaken that the adequate explanation of this significant phenomenon was forthcoming. Vordermann was the first to call attention to the fact that polished rice—that is,

the rice grain denuded of its outer layers or pericarp by abrasion—formed the chief staple of the dietary of those suffering from beriberi, while other individuals of the same race in all other respects similar but using the unpolished rice or paddy were substantially immune. Eykman next showed that by feeding fowls on polished rice, polyneuritis—identical with dry beriberi—could be produced, but that rice polishings exercised an immediate and curative effect. His explanation of the phenomenon was incorrect, but his research laid the foundation for the series of studies ending so brilliantly in Funk's isolation of the beriberi vitamine. Fraser and Stanton had previously shown that the aqueous extract of rice polishings had the same corrective action as had the rice millings themselves. It remained for Funk to isolate from this source the alcohol soluble crystalline body of probably pyrimidin origin which is the specific beriberi vitamine. Needless to say, rice is not the only substance originally containing this most important material, but from yeast, milk, egg yolk, wheat, oats and barley it has already been isolated. The advocates of the vitamine theory believe that one or more of the vitamines—for there are many—occur in all natural food materials and a long list of pathological states are ascribed by them to the absence or deficiency of these substances in the diet. While the case is an evident and proven one in several instances, as in beriberi and scurvy, in others there may be said to exist a reasonable doubt as to the validity of the reasoning. Pellagra, the scourge of maize eating peoples, is claimed by the vitaminists as a clear example. While the contention may be correct other facts may be adduced which seem to have bearing. Among these most significant is the discovery by Osborne and Mendel that zein, the chief protein constituent of maize, is wholly lacking in the tryptophan nucleus and hence inadequate for perfect nutrition. The numerous and most illuminating feeding experiments carried on by these investigators show that all proteins do not contain all of the essential building stones of the protein molecule and hence, as the body is unable to synthesize these essential molecular groupings, the diet restricted to them is dangerously inadequate.

The vitamines are thermolabile but not uniformly so. For example, the scurvy vitamine from some sources is destroyed by drying and by heating to 100°C , yet that contained in the juice of fresh limes resists a temperature of 110°C for one hour.

Similarly beriberi vitamine is more stable than that of scurvy, a temperature of 120° being necessary to destroy it. The vitamine in milk is susceptible and Barlow's disease is ascribed to its lack. The temperature of pasteurization does not seem to be enough to affect this substance although it does produce other and not desirable changes in the assimilable quality of the milk. Again the group distinguished by disturbance of the calcium metabolism—rachitis, osteomalacia and spasmophilia—are claimed by the vitaminists and it must be urged that the bulk of the evidence upholds the contention.

While it would be possible to multiply instances indefinitely, enough has been said to uphold the thesis that calorie value alone or even with due regard to the fat, carbohydrate and protein ratio is wholly inadequate to form the sole dietary standard. The minimum requirement, the character of the foods selected, and their power to supply such apparently insignificant but really vital substances as the vitamins and pre-formed benzene and tryptophan nuclei, the kind and amount of the ash content, may none of them be ignored. Together they form a most insistent plea for variability in the diet, as by this means the deficiencies of one article may be repaired by the adequate content of the lacking substance in another. And when to these, the mental aspects—usually ignored but of great and proven significance—are added, the plea assumes proportions which demand recognition.

A CHRISTIAN SCIENCE SIT POINT

A Scientist sat on the point of a tack,

Even as you and I.

And she perked her chin, and straightened her back,

And twisted her "mortal mind" on the rack,

Then bounded up with a jerk and a crack,

Even as you and I.

The point of the tack had entered within

The seat of her brains, which her mother's hand

Had spanked oftimes with many a blow

In maternal efforts to make her know,

And help her understand.

—Chas. E. Walton.

TUBERCULIDES*

By Dr. C. D. Collins, M. D., Chicago

Tubercular affections of the skin have long been recognized as such, though much confusion originally existed regarding their true classification.

Following the discovery of the tubercle bacillus, the name "skin cancer," as applied to tubercular lesions, fell into disuse, these lesions now being known as tuberculides, or tuberculosis of the skin—tuberculosis being a general term applied to all types of tubercular lesions, while tuberculides more particularly refer to dermatological lesions due to tubercular toxins in the blood.

The clinical picture is variable, according as the lesions may be primary or secondary, ulcerating or non-ulcerating, macular or verrucous, atrophic or flat, affecting the mucous membranes or the skin surface, and modified by the duration and extent.

Several characteristics obtain in each and all forms of tubercular affections of the skin. They are insidious in onset, slow in course, destructive and disfiguring, always superficial and spreading, appearing chiefly in the young and middle-aged, and are attended by few subjective symptoms.

In many ways tuberculides bear a close relation to the clinical picture of lepra.

Tuberculosis may make its manifestations on the skin directly or indirectly,—directly by way of the actual deposit of tubercle bacilli in the tissue where they form papules, nodules and granulomata, and known as lupus vulgaris.

Tubercle bacilli occur also in tubercular ulcers, either chronic or acute, and in scrofuloderms, in which the primary seat of the affection is in the lymph channels and lymph nodes, in which degeneration takes place, creating abscesses, fistulous tracts or open ulcers, more or less chronic and following the line of superficial lymphatic vessels, the clinical picture of which is unmistakable.

Erythema induratum, or the so-called Bazin's disease, which in the past has been the subject of some dispute as to whether it is the direct result of tubercle bacilli, or due to toxins, is now well recognized as a tubercular disease, as the bacillus has been demonstrated in the lesions. It is found exclusively in cachetic

*Bureau of D. and G. U. A. I. H., 1915.

and scrofulous individuals. Owing to the rarity of the disease and its peculiarly deep-seated gumma-like nodules, occurring about the legs, it is not easy to make the diagnosis. The lesions are multiple, occur chiefly about the calves of the legs, are slow, indolent, slightly painful, and usually break down into sluggish ulcers. A family history of the tuberculous type, the presence of other scrofulous manifestations occurring in patches, chronic in course, purplish or brown in color, with progressive ulcerations and scars, will materially assist in the diagnosis.

Thrombophlebitis, varicosis and syphilitic gumma are the chief diseases with which it might be confused.

Indirectly, tuberculosis of the system may so charge the blood with poisonous toxins as to produce several distinct types of skin eruptions, chief among which are the so-called papulo-necrotic tuberculides, acne scrofulosus, lichen scrofulosus, and scarlatini-form erythema. These are purely skin or reflex eruptions in which the tubercle bacilli are not found at the seat of the eruption, but the presence of such dermatosis should be construed as diagnostic of a systemic tuberculosis, which may be in the lungs, bones, glands, abdomen, kidneys or any remote part.

Briefly reviewed, papulo-necrotic tuberculides begin as firm, round, hard, inflamed, pale red papules, which later assume a violaceous hue, appearing chiefly upon the forearms and legs, neck and face. The lesions are few in number, not closely set, having periods of activity and quiescence with frequent relapses and modified by the state of the general health. The lesions are primarily papular, but in a few days they undergo a process of necrotic degeneration and umbilication, a central core or slug of necrotic tissue being discharged, leaving minute superficial scars. No other disease in all dermatology has this peculiarity.

The disease may extend over a period of many years, getting better and worse until a general tuberculosis ensues, as is frequently the case, the lungs, kidneys or bowels becoming so seriously involved as to cease to function, resulting in death. The presence of this characteristic eruption should be regarded as diagnostic of tuberculosis, even when no other lesions can be demonstrated, except those upon the skin. Von Pirquet's reaction will aid in confirming the diagnosis in doubtful cases.

An acne in scrofulous subjects—the so-called acne scrofulosorum—especially if protracted and unyielding to the best forms of treatment, points the finger of suspicion unerringly towards

incipient tuberculosis. A careful study of the general health, especially with reference to the temperature range, the health of the lungs and lymphatic system, is called for in every case of persistent acne.

Lichen scrofulosus is likewise found in the strumous, and should always arouse suspicion. The latter disease appears as yellowish-red papules, pinhead in size, grouped symmetrically and covering extensive areas—the papules being thickly set, but not coalescing. The development of the disease is insidious and its course chronic. The eruption is a continuous but slow process of evolution and involution of the lesions. It appears chiefly upon the arms and legs; next to them the face and shoulders are involved. It gives rise to a yellowish stain in the skin. Such patients, if not tubercular, have an inherited predisposition, and can only be successfully treated by classifying them as such.

Erythema scarlatiniform may be less valuable from a diagnostic standpoint because of the many diseases in which erythema appears. In this study we are most interested in erythema appearing in the scrofulous, which is due to tuberculous toxins augmented by toxins due to ill-health, low resistance and feeble peripheral circulation. It is frequently seen after Von Pirquet's tuberculosis test, and when severe and generalized it is of considerable diagnostic significance. It has a sudden onset, general distribution, a mild rise in temperature, and is rapid in its abatement. It does not have the throat symptoms of scarlatina nor is it contagious. In severe types it is followed by exfoliation of the skin.

The deduction which the writer wishes to draw from this paper is the importance of this secondary group of tuberculides as a diagnostic factor in pointing to a correct understanding of systemic tuberculosis, when there are no other symptoms except the skin lesions upon which to base the diagnosis.

Several cases which have been under treatment by the writer for papular-necrotic tuberculides during the past five years and in which there were no other manifestations of tuberculosis save the skin symptoms, have insidiously developed into serious and fatal cases. These have been so common and so appalling in their results as to have prompted this paper.

In every instance where dermatological lesions point toward a diagnosis of tuberculosis, such patients should be put under the most rigid regulations as to diet, hygiene and outdoor life,

such as would fit the usual case of pulmonary tuberculosis, in addition to such local treatment as may be required for the dermatological condition.

June 30, 1915.

THE INDICATED REMEDY IN SKIN DISEASES*

By Ralph Bernstein, M. D., Philadelphia

There can be no question, in this modern age of ours, of the ability of the properly selected homœopathic remedies to bring about the desired results in the treatment of cutaneous affections. The differentiation of the remedies upon the finer and minuter symptoms is often difficult, but if once found there is absolutely and unalterably no reason why the dermatosis in question should not be relieved and ultimately cured.

It certainly has been proven scientifically by hosts of laboratory workers that a physiological dosage of any drug, if given persistently, will reduce the opsonic index; it will decrease the antibodies, if you please; it will destroy the very antagonistic serums which nature is striving on her own part so heroically to manufacture in order to combat disease. And it has been proven just as scientifically that the sub-physiological or homœopathic dosage increases the opsonic index, increases the antibodies, increases and assists in the making of antagonistic serums, so that the body is enabled better to combat disease. The dermatologic remedies should be given in the higher potencies, especially when one is desirous of getting their finer and far-reaching effects. True it is that some remedies act better in the lower dilutions, experience alone determining which potency does the better work. It has been my practice to give the indicated remedy in the more chronic dermatoses but once during the twenty-four hours, and that at bedtime.

There is much that we can do to assist the action of remedies. One thing is to insist that patients with dermatologic affections drink copiously of distilled or boiled water. Distilled water, because it is soft and pure, acts as a solvent of bodily ptomaines and toxins, stimulates the kidneys to healthy activity and rids the body of many toxins.

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EDUCATIONAL SUGGESTIONS

By G. D. Cameron, M. D., Chagrin Falls, Ohio

(Continued from Page 279.)

America's Opportunity. To remove any wrong, attack must be made on the delusion upon which it is based. To do this it is necessary to supplant the mistaken mental concept by a stronger one. To illustrate: For us to now become militaristic is to realize that we are being hypnotized by European culture. It is to become aware that they across the sea are determining the depth and direction of the grooves in our gray matter. America in this hour should launch great ideas instead of battleships, and sail them across. She should remember that an armed peace is economically almost as bad as war and that in Europe it bred the jealousy and discontent, sapped the community of its substance and kept up the agitation and oft-repeated suggestion of war which made war possible as an action. America should be adamant. She should show that war is a biological blunder. She should show that Rome and every nation that has sent her good men away to be slaughtered has been a suicide. She should question the motives of those who advocate armament and war preparation as she would that of an individual who carried concealed weapons. She should show that commerce, the blood of a nation, is a function of peace and not dependent on area of territory or number of colonial possessions.

If America is to endure she must, in this hour, excite into action those principles which underlie real world justice. She must combine and apply at home, as much as is practical, the teachings of the "Man of Galilee" with those of Tom Paine and Lincoln. She must launch these forth with the vehemence of a Roosevelt and the calmness of a Wilson. She must make the appeal so strong that militarism will feel weak in its presence. In the crisis of catastrophe, there goes forth the call for the talent of heroism. Can we arise to our tremendous responsibility? Have we the "sound mind in the sound body" balanced to meet the strain?

Weak Principles in Present System. A chain may look well, but if its function is to support a load its practical value is determined by the weakest link. So an educational system upon which society is to rest should be searched for its weak places

and on these it should be judged. To teach a child that which he must later unlearn is wasteful. It is alike wasteful and criminal to omit teaching truths of such vital importance that their omission favors the ruin of the individual. The vacuum which exists in our school courses where physical education should be outlined is only approached in extent by the space which should be filled by industrial instruction. Our schools, intoxicated by a desire for show and for mental results, have seldom or never offered grade markings for improvement in physical condition or by any other act given prominence to the major premise that the body is worth saving. This renders even less effective the existing sporadic and disassociated efforts along lines relating to corporeal instruction. We search for vaccination scars, diseased tonsils and adenoids. We inspect for everything abnormal. This makes the plan a negative one. A virile race can not be produced through agency of vaccines and viruses. If a plan of physical ideals were adopted and a general plan of physical education followed, the line of suggestion would be constructive, rational and salutary. Medical inspection would then be secondary and gradually become less important in the working régime.

Errors in Principle. If the pupil were placed in courses pertaining to industrial education until able to be self-sustaining, many of the conditions which now cause friction in society would be removed. It is said that the Greeks permitted the deficient child to die early. Our recent altruistic efforts have been directed toward changing a lingering neglect of the deficient child to an attitude of special and predominating care. The weakness of our attitude is that we have not shown an equal or greater interest in the average child. For us the commonplace has no attraction. Unless our altruism is to be remembered, like the dodo, by its bones alone, we must strengthen it by extension of its concern to the fit, while we still care for the deficient. Yet, let it be remembered that this is rational only on the basis of efficiency and conservation. Add the war idea and you have an impossible problem.

Related Errors. While dealing with errors of principle, let us not omit to call attention to the present custom in a large majority of our elementary and high schools of shaping the courses of study to meet the requirements of the 5% of our pupils who are to pass on into the higher institutions of learning. This undemocratic expenditure of funds along the path

of the few, places the many still farther behind in the race for industrial independence.

In school athletics the same principle holds. The few who are already great physical specimens receive the lion's share of the attention. They are often so overtrained and overexerted that many of them are injured for life. The many are allowed to drift. Mediocrity has no attractions. Weeds grow where physical charm should be in cultivation, yet for the many there is no time. Closely connected with errors of principle is the tendency to select in study courses branches which have only training value when at least a part of this time should be used on studies which have both practical and training value. Why is not natural science as good as language for a mental drill? This meandering too long among the superstitions of 2000 years ago, to the neglect of studies which bear on the life history and bodily success of the individual, amounts almost to a violation of principle. We breed moral unrest by treating old superstitions as of more importance than honesty and frugality.

An error of method and material so varied in its application that various principles may be involved is to be found in the custom of neglecting to teach the destiny-dealing nature of heredity and environment. They believe in these laws for the hog and hen but can hardly feel that humans are ruled by the same laws. They teach the cat and dog the place they should occupy and pray for some miracle to save Johnnie. They affirm that certain strains of horses are irritable and bad tempered, requiring extreme care in handling, but treat viciousness in the human as the work of a personal devil. They assert that a scrawny mule is chronically sick, underfed or overworked, but an anemic child excites no such clear-cut rational conclusion. Pedigree and the balanced ration are loaded with destiny for the hog, but Esther is "here because she's here."

Not far removed from our other sins of omission is the custom of failing to give at stated periods a thorough physical and psychological examination of the school child. Industrial psychology is already an existing fact and school managements should not here, as in many other instances, wait until forced into more efficient measures by pressure from the outside. This practice would go far toward eliminating the "repeaters" of whom, according to newspaper report, 22,000 were found by

the recent survey in the Cleveland schools. Preventable sickness and the premature grave, by this means in a large degree, would be eliminated. Would this not be as gratifying to you and as profitable to the student as a study of the deeds and language of the ancient Italians? Greek and Latin may scintillate, but good health is truly ornate. Here would naturally be taught the importance of bodily conditions and the timely opportunity to introduce those beautiful health ideals which must become the basis of evolution to higher physical standards. This is constructive prevention. Here may come in that diverting touch with its infinite possibilities for physical good. Here in a normal manner can be set in motion a development of sex education which Charles Eliot declares is our greatest educational problem, with the exception of the warfare between capital and labor.

Sex Education. When the popular mind shall emerge from its present attitude of neglect in regard to this question of sex and venereal disease, the educational forces of the state will be more worthy of respect. Of what use is a state superintendent of public instruction and his train of underlings if half the boys and girls in the state through ignorance and without protest become infected with gonorrhea and syphilis? Why should not the people be sparing of the funds appropriated to support an educational system that can not take better advantage of its possibilities? If we grant that the schools give for value received, there yet remains the fact that this golden opportunity to save life and money for the community is ignored by the very people who should be enlightened enough to take the initiative and carry this work to a successful issue. This oversight would not be so fatal in its results if there were not extant the flood of suggestion which tends to spread and aggravate the trouble. Every person seems loaded with the goods. The teacher feels handicapped. He finds it difficult to advertise his ideas. "Safety first" should be as important here as in the construction of a school building. We must be on the eve of better things.

Alcohol a Leading Issue. Alcohol is one of our three fates. There are those so optimistic as to believe that this war is to correct the waste which goes on as the result of alcoholism. The schools have been in touch lightly with this subject, but the cold conviction seems to be that the strain of war has done more to set forth the true relation of this demoralizer to hu-

man efficiency than have all the lessons in all the books. Like war, the utter desolation alcohol creates in the home makes it a question of "similars." Like war, it digs the untimely grave. It pauperizes. Through heredity it creates the neurotic. It damns and degenerates wherever it comes in contact with human tissue. It paves the way for tuberculosis and is first assistant in the dissemination of venereal diseases. Our relation to it is a leading issue. Educators know it, but not well enough. The laity know it, but not well enough. The irritation on their sensory tracts has not yet passed through synapse and become a motor impulse. The schools do not manifest the strong interest in this subject which its importance in social science deserves. Let the forces of enlightenment array themselves where the enemies of society are making their strongest attack. Alcohol is an army of the enemy. It is the god of things as they ought not to be.

Strength of Schools. The schools with all their imperfections have given reasonable service and value received to the American people in the almost universal ability to read and write. Notwithstanding their negligence in taking advantage of their three great educational opportunities, viz., alcoholism, sex education and industrial education, the schools today with a majority of the people are almost synonymous with perfection. In spite of the fact that study courses and school athletics are adapted to the few instead of the many, the schools are thought of as democratic. With physical education ignored, moral worth a secondary consideration, and recreation a by-product, the people still have faith in the system as a whole. The right of the state to control the time of the child is well and universally recognized. This in itself makes it our greatest institution. We have in our schools an organization capable of the highest social service. Its possibilities are limited only by the scope and strength of our ideals. Our dreams may yet come true.

What the Schools Should Teach. The schools in addition to the three R's should teach with emphasis some related truths. They should teach that good health is life's great asset and that ill health more than anything else detracts from complete living; that recreation appeals stronger to the child than does vice; that a sick boy is a community disaster; that failure to return property for taxation is theft of public funds; that true democracy demands that the public funds be spent in the in-

terests of the many. Strong accent should be placed on prevention in all its relations to disease and the moral and physical dangers which assail the race. They should attempt to teach a patriotism great enough to include all mankind. We are an agglomeration of races. They should remember that the flag whose staff is wormeaten by internal dissensions and racial jealousies will fall when the hurricane strikes. Let them teach that "My country, right or wrong," is not the "path to permanent peace;" that the flag which floats over an indolent, diseased and insincere people is already at half-mast. Teach that the man who carries a six-shooter is the one most likely to be shot. The world today has become so small that the Monroe Doctrine may need to be modified. Let them teach all this and more. Let it be understood that if our schools are to be the ruling power in our social life they must have the required funds. It is a question of the development of nerve centers. If we spend money in preparation for war, we must expect war as an efferent result. If we spend the money to support our educational institutions and endeavor to direct their energies so that no individual shall be denied opportunity, then may we expect the schools to be really dominant and efficient. "What will you have?" quoth God. "Take it and pay the price," says Emerson. This applies to the concrete as well as the abstract, for we buy the things we wish to carry home and invest our money in those securities in which we have faith. We cannot talk schools as the great molding force and spend the funds on lines opposed to them and be morally sane.

Some time ago I saw at work a great molder in clay. He seized a few handfuls of mud and hurled it at the board; then stepped closer and with rapid hands fashioned the clay in a few moments to the face and figure of Abraham Lincoln which he had in his mind. So in like manner must we as educators create and project ideals of strength and health and beauty, and, by a manipulation of the forces that determine form and character, we must make our ideals become a reality. As medical teachers, we must have a charity wide enough to patiently consider all beliefs from that of the mystic paranoid who does not believe in the existence of disease to the belchings of the bilious pessimist who thinks that every person has syphilis in some of its stages. The present war is the logical psychological fruition of the policy of armed peace. The med-

ical profession above all others should stand for a plan to conserve rather than to destroy. As we travel the scenic path let us guard the precipices; in the beautiful meadows, drain the morass. While searching for the white light of truth, let us not forget that there are refracted and reflected rays as well as the direct.

Finally, if the wanton winds of Europe are not to blow across our plains we must be radical in our ideals. It is not a time to be plastic or open to adverse suggestion. We must be able to create and project into the present world situation argument and opinion so strong as to insure the physical safety of our people without attaching thereto as a condition the possibility of premature physical death for a high per cent of our citizens and the taxing of those who remain into a living penury. This we must do, or we are no longer free. It is indeed a question of "conquer or die." It is for us to determine on what level the battle is to be fought.

Conclusion. Tremendous responsibility is upon us. We must undo the error. Our business methods are rapid. We must make philanthropic theories practical working policies. The common people must be interested. It is their struggle. We must not leave this matter to be decided by the gun manufacturers' ring. This chapter on the never-ending struggle should speak of conflict on high ground. Time will assist us to understand the application of our great and immutable laws. Softly! It is not until we can teach the girl the charm and efficiency of physical health and save her from the conditions which now impair and destroy American womanhood that we can call this the home of culture. Not until we can place before the boy an ideal strong enough to eliminate a fair majority of his present dangers, not until the child is fitted by our schools to care for himself, not until every man in all the world is your fellowman can we say, "Our government is the government that protects and our flag the flag that shields." The die is cast. Not until every man in all the world is your fellow citizen should you, as true medical men, allow labor for enlightenment to cease.

Discussion

Dr. J. F. Roemer, Waukegan, Ill.: This is too big a paper to discuss except in one way. When the paper is printed, I want one thousand reprints, and I will put it into every home in our city.

Dr. Geo. G. Starkey, Chicago: Dr. Roemer is voicing the plain facts

of the case when he says it is too big a paper to discuss in any thorough or technical way. If any one educational defect stands out above another, it is the lack of cultivation of the will. It is not sufficient to educate the young to think this or that is not expedient to do; we must educate him to a sense of the nice distinction between right and wrong; and that education must continue from the cradle up, and it rests chiefly with the home to provide training. The greatest defect of our modern civilization is a remarkable lack of self-government. The child is not taught sufficiently the elements of obedience to truth, represented first by the parental dictum as representing a higher power. The child should have its whole individuality trained to recognize a higher power. The American people, of all people, are confronted with the greatest menace of decay simply because the child is not taught to obey the law. Therefore he is not prepared to obey the law when he grows up and becomes a citizen. Therefore, obedience to law, conceived on the part of the parents on a high plane, is the prime requisite, and therein our community is most deficient. The child rules rather than obeys. His intellect is appealed to on all subjects, but his affections are not sufficiently aroused for accepting the absolute, "Thus saith the Lord."

Dr. W. H. Hanchette, Sioux City, Iowa: The thought that comes to me is the thought of individualizing the child. The school and the child—we have got to begin there or we shall never make any advance along the line of argument that has been given us today. The public school in this country is the hope. Dr. Cameron has criticised our public school, and he has done well. Our schools are good, but we are still on the border-land of what should be taught, the coöperation which should exist between the teacher and the parent, between the school and the home. When the health is made first and paramount, then you may have a sound body for a sound mind, then you can develop this sanitary condition in such a way that you will have a normal citizen, and that is what he is pleading for. To do that, the board of education must be governed by competent medical men. Now I am not using the term 'medical' in the sense that one physician shall take out tonsils, and another adenoids at his discretion. That is all wrong. We see that in the cities, and we see much harm. The board of education should be governed by trained medical men as the school is governed by trained teachers. That is the point I wish to make, because it underlies the whole question of this paper.

Dr. Hingman, Dundee, Ill.: I do not agree with the brother here. The gentleman who first spoke voiced my ideas. For a thousand years we have been teaching that the individual could go through life and somehow escape the results of the deeds of his ancestors. We have been taught wrong, and the people are beginning to realize it. We have taught our children wrong because we have taught them that they could escape something and need never fear anything. Law is immutable. Teach that child, and in teaching the child this high moral scheme, let there be associated with it the teaching concerning the vehicle that he must live in. The child can be taught this early in life. You must give attention to this. You yourself must think about

it and bring it home to yourself, and so conduct yourself as to give the child an opportunity. We cannot build a nation of citizens unless we take into consideration this one thing, that we are building for the future; these children are for the future, and we are their custodians.

Dr. Wm. M. Butler, Brooklyn, N. Y.: I want to express my appreciation of this most wonderful paper. I believe our hope lies in education, and this education depends upon our vision. We must have a vision. We must recognize where we have gone wrong, and then inject into the rising generation these things which we have learned. People are not wicked, they are weak; and they are weak because they do not know. I do not believe any one man or woman would do the wrong thing or violate a law which was understood. To say to a child; "If you do wrong, I will punish you," is almost a challenge; but if that child is taught correctly, taught scientifically the "why" of things and the law of things, he will never choose the wrong thing. We must teach the children concerning the sex problem and the eating problem. We have prostituted one of the most important things of life—instinct of sex and of body. When we realize all the chemical combinations that go into our stomachs, it is not any wonder that we have people who are seeing and acting as they are. I believe the time is coming when it is going to be just as much a disgrace to be sick as to be in the penitentiary. If we are in the penitentiary we have violated a law, and sickness is the result of the violation of the law of health.

Dr. Brooks, Little Rock, Ark.: I have been connected with public schools for many years. Perhaps that fact will give some weight to my opinion. Perhaps school boards should be controlled by medical men as has been advocated in this discussion, but to my mind the gist of the matter lies in the fact that the teachers of the public schools are not paid enough. A person capable of earning \$1,200 or \$1,500 a year can not be obtained to work for \$500 a year. If we are to expect our teachers to be able to teach the subjects suggested we must pay them a salary commensurate with the requirements.

Dr. Willis B. Stewart, Indianapolis, Ind.: We do not know that a child is any better intrinsically in its fibre or mentality than it was formerly. We do not know that the race is any more capable of culture than it was hundreds of years ago. We do not produce a better quality of men than they did in Sparta,—we do not, however, produce them the same way. This topic of education goes along with every profession, and we cannot get away from it. There are three elements of education in the modern body politic: One is the home, and I believe that is as great an element of education, especially our moral education, as any influence which is being exerted upon growing children of this country. We have as educators the home, and the church, and the state through its schools. I like to see the schools inspected by doctors and all that sort of thing, but there is a whole lot of that that is dross, and the line will finally be drawn, and that which is useless will be abandoned. I believe in eugenics, but I do not believe in teaching eugenics in the public school. You cannot

keep children from ten to twenty years old, or eight to twenty years old, from talking about things presented in the class room. I can see great harm in making common conversation of the things advocated by the journals and papers. Most of those things should be taught in the home. The mother is the greatest teacher of the child. There are so many things to take up the time and attention of the modern family that we are losing sight of the thing upon which our republic is based, and that is the home.

Dr. Alden E. Smith, Freeport, Ill.: I desire to commend this most excellent paper and add my mite of appreciation of it and the comments that it has already brought forth. Personally, I believe that waiting until a child is in the public schools before beginning to mold its mental and physical existence is a little late.

In my judgment the molding process should begin with the mental conception on the part of the prospective parents, and it should be continued not only up to, but should include the entire schooling period of the child's life. The child that is mentally conceived before it is physically is bound to contain those natural elements that are the more earnestly desired paternally and maternally. A host of accidental children are born and grow up to be fairly good citizens, but the child that contains the natural elements psychologically instilled into its conception and then reared in an atmosphere of ideal citizenship rounds out into the most perfect specimen of mankind. Given all of the natural elements that psychology can bestow and then add to that foundation the superstructure of an acquired education and physique and he becomes the most perfect specimen that it is possible to produce from his immediate ancestry.

When parents neglect to begin with the mental conception of the child, but wait until it is a physical growing being in the public schools before they attempt to apply the principles that should go to make a standard of natural qualities in the individual, they are beginning late in the effort and must accept an imperfect specimen of mankind. We can form a pretty accurate opinion along this line if we inquire of parents as to their children having been mentally conceived before they were physically, and then note the natural trend of these children and compare it with those that are accidents and unwelcome newcomers. Would we not be justified in feeling that the child mentally conceived before it is physically and then reared under the same circumstances through childhood and school life will make a better citizen for this glorious United States than a child that is an accident and his training begun only after he entered the public schools?

Dr. Cameron (closing the discussion): In reply to getting bad suggestions from the school and discussing them, the trouble with Dr. Stewart's argument is this: If the child does not receive something from the school room, he has nothing to balance the bad he has heard on the street. If he gets the positive instruction from the school, it is better for him. The suggestion is bound to come; if the school makes the suggestion, you can in a measure control it, and

use it in a proper way. You replace the bad suggestion with better instruction.

Regarding the small wages paid the teacher, I tried to bring out that if we make the school more efficient, the people will be willing to make a heavier levy in the appropriation. That is the problem,—to get the money for the schools to pay the teachers higher salaries. The only way to pay is to get more money, and the only way to get more money to pay is to produce something that is worth more money.

VISIONARY THERAPEUTICS*

By S. R. Geiser, M. D., Cincinnati, Ohio

It may be permissible at this time to remind you that *Materia Medica* is seemingly a lost art, hence it is very difficult to present something interesting and new to a progressive medical society. The fact that the chair of *Materia Medica* has been abolished from the curriculum of study of the Johns Hopkins University—whether for political or diplomatic reasons, or from want of faith in the efficacy of drugs, I do not know,—but it certainly means something to those who still have faith in drug-therapy.

There have been such rapid developments in the progress of medicine, especially in *preventive medicine*, which has largely replaced curative medicine, in surgery and in the various specialties, that there is practically very little in the field for the internist than to make death easy for the incurables by palliation, and to palliate the ailments of those who have traveled to Europe needlessly and now ask American physicians for relief.

Then, again, the various cults, as for example, Christian science, and others, have a following that has detracted from the use of medicine. Despite the fact that Mrs. Eddy's history is not without stain or blot or blemish, Christian science has doubtless lifted many out of grief, and care, and doubt, and fear, and made their lives beautiful. On the other hand, when we read quotations like the following that have been sent broadcast among the public by the drugless healers, small wonder is it that many are captivated by mental healers and other faith curists. I quote the following:

"The science of medicine is founded upon conjecture and improved by murder."

"Drug medicines do but cure one disease by producing another."

*Bureau of *Materia Medica* and General Therapeutics, A. I. H., 1915.

"A mild mercurial course and mildly cutting a man's throat are synonymous terms."

"Pain in the stomach nowadays is always appendicitis, and is recognized by the physician's wife over the telephone."

"We always tell a patient and his friends that the operation was successful."

"The career of medicine down the channel of the ages has been vexed by a constant ebb and flow of contrary opinions."

"Of all sciences, medicine is the most uncertain."

These are but a few clippings from prominent old school journals, and it is needful for us as students of the homœopathic materia medica to present a better and more definite and dependable therapeutic method.

It may be comforting, however, to those honest and conscientious in the medical profession, to know that preventive medicine has made it possible for the various cults to exist; in other words, had the environment not been proper, had the soil not been prepared by medical men, the cults could not flourish.

Were cholera, yellow fever, small pox, diphtheria, scarlet fever, typhoid fever prevalent, in epidemic form, as they were thirty years ago, mental healers would play but a small part in the medical world. Homœopathy in its early existence in this country had not the favorable sanitary environment.

Surgery has come into its own, and when the air bubbles in therapeutics have exploded, and radio- and x-ray-therapy get into their proper places, therapeutics will again come into its own.

Notwithstanding the fact that the homœopathic materia medica is seemingly burdened with much useless material, and to many of us oftentimes appears too vast for practical utility,—bordering on the impossible, there are nevertheless many precious kernels to be sifted out of it that can be appropriated to good advantage.

The longer I practice medicine, however, the more carefully I scrutinize the results following the administration of remedies, and the more loath I am to attribute favorable results to just one given cause—as a drug or treatment of whatever nature that maybe,—be it a new or an old method.

There are oftentimes so many forces operating for or against the action of drugs that we do not always know the true factors that bring about a favorable result or a fatality.

Owing to change of conditions it is far more difficult to prescribe a remedy homœopathically indicated today than it was

forty years ago. The growing tendency in men to sacrifice time, health, ideals, life itself to the game of achievement has brought about different disorders with a different symptom complex.

Modern and so-called "scientific medicine" is striving to discover a specific—one remedy for every disease. Should this object be attained, the practice of medicine will no longer be a difficult one.

Some among our own ranks contend that the fine points of distinction of remedies are not of importance, and that the results following the administration of drugs on careful differentiation and individualization are often visionary. From merely a casual observance of the principles of homœopathy it will be seen that the fundamental doctrine in the homœopathic therapeutics is the doctrine of individualization.

Remarkable coincidences are doubtless often mistaken for consequences. I have reason to assume, however, that many results following the administration of a carefully selected drug homœopathically indicated are *not coincidences*, but *consequences*.

To prescribe homœopathically is certainly an art of far reaching nature, especially if several drugs have similar indications. The intelligent application of the principle of the law of similars possesses therapeutic value beyond any method thus far promulgated.

There are discoveries of the hour, and there are discoveries of all time. The discovery of the law of similars, or symptom similarity, has stood the test of a century, and it doubtless is a discovery of all time.

We should not include under this method or law of cure, incurable, surgical, mechanical or chemical disorders. Also should we be able to grasp the limitations which govern the administration of remedies.

The question may now arise, is it possible that one drug can cure or alleviate so many or more than one exclusive type of ailment? Is it equally certain that an affection can be relieved by several or many drugs?

In this connection we should remember that we are in reality only treating symptoms or expressions of disease and not disease proper. For instance, we may have chronic nephritis, edema of the lungs, myocarditis, perhaps valvular insufficiency and dropsy in the same individual and at the same time.

There is no single drug to my knowledge that will always meet the demands of even relief—not to speak of a cure—in such a

case. Why should digitalis in some form help one, apocynum another, apis, arsenic, squills or convallaria others?

Again, we may have a carcinoma, syphilis and tuberculosis co-existent in the same patient. Here the treatment must necessarily be symptomatic to the expressions and not directed to the various disorders. Could we combat disease manifestations primarily in disordered vitality before diseased organs or pathological changes manifest themselves, results of treatment would be far more satisfactory. A cure then would be possible, while afterwards in many cases it is only palliative.

Diagnosis and pathology, however, should not be slighted; on the contrary, a thorough knowledge of these will help us in the selection of the proper remedy, and give us insight as to the possibility of drug action and effect.

In order that a drug may be of use there must be some *special, definite or specific indication* which characterizes its usefulness over others,—a definite agent with a definite purpose. In order to accomplish this we must have a guiding principle. Let us analyze pain, for instance, neuralgia or discomfort of any kind. The introduction and exploitation of antipyretics and analgesics—depressants of the heart centers—for pain, a symptom which accompanies so many diseases, is not only unfortunate for the public, but unfortunate for successful homœopathic prescribing.

The introduction of these synthetics has been largely mercenary. A ban should be placed on the indiscriminate dispensing and the use of them as well as on opiates.

Their immediate consequences are far more destructive than those following the use of opiates. We all know that they are widely used for the relief of headaches and other discomforts. They sometimes afford prompt relief with small doses, and often fail even when large doses are used. In fact, if a small dose fails to relieve headache or neuralgia, a large dose seldom accomplishes this. Yet the dose is increased to the limit, regardless of consequences, and when they fail to relieve and the patient comes to you,—what then?

Unfortunately these remedies have become household and are given indiscriminately for pain, be it in the face, in the foot, or in the abdomen. Their effects are apparent, but the cures visionary.

We know that drugs, over-powering in action, that give quick comfort and soothe the aching body are hemolysins, which destroy myriads of good red blood corpuscles. Their continuous use

may establish a methemoglobinemia—a headache resulting from over-dose of these products containing acetanilid. In other words, we have in addition to the original disease an artificial one to combat, consequently patients react and recover slower from the original disease, nor has the remedy the truly curative effect.

Evidently they thus dampen off the aches and really relieve the twinges at the cost of correct diagnosis and treatment.

They suppress symptoms and aggravate the cause of symptoms. Once a drug eliminates the signs which paved the way for a proper understanding of the underlying condition and the true symptomatology, no true light will be available for a proper and truly homœopathic prescription.

The condition then becomes masked and the symptoms distorted and disguised, hence more difficult to prescribe and relieve homœopathically. Nor are these drugs void of danger and empiricism. While the old and antiquated remedies were for the most part harmless,—nauseants, cathartics, aromatics or demulcents,—the new ones are habit-forming, blood-destroying, or anaphylaxis-producing, or in other ways distinctly harmful and destructive.

There may be exceptional cases that require their use; they may be necessities in their place, but their indiscriminate use should be condemned. While a lawyer should be willing to give what he takes, a physician should not hesitate to take what he gives.

I have never taken a dose of calomel, quinin (crude), or a grain of an antipyretic or analgesic. I was once given a dose of phenacetin by a physician. As like just one Irishman at a Jewish wedding, that was enough.

Relative to old time remedies and old time indications the following may serve:

Optimistic reports from abroad indicated that the Bordet-Gengou vaccine for pertussis was specific for that very troublesome and annoying disease. The results, however, were distinctly disappointing.

If then, new methods fail, we naturally again revert to those that served us well for many years.

Let us compare, for instance, the old antiquated hemlock, that put to death Socrates, three hundred and ninety-nine years B. C., and compare some of its "visionary" indications with those of *drosera* and *coccus cacti*.

In their provings all have produced dry, spasmodic cough with

vomiting and nocturnal aggravation and aggravation by lying down. Their effects are likely due to their specific action upon the pneumogastric nerve.

Last autumn a woman about forty-five years of age contracted pertussis from her children. The paroxysms of cough were unusually severe, spasmodic, followed by vomiting and were aggravated at night. A very annoying feature in the case was a *tickling* and *itching* in the chest and throat. In addition there was *vertigo* characterized by *exacerbation on turning over in bed or turning the head from side to side whether lying or sitting*. These symptoms distinguished conium from drosera and coccus cacti. Was I justified to base my prescription on the *unusual symptoms peculiar to conium*? The drug was prescribed and in less than three days after its administration amelioration began and in two weeks' time she was practically free from both disorders.

This was not an unusual nor an astonishing result. I offer it only as an illustration. It is not unusual to get relief, if not a cure, in the management of pertussis in one or two weeks, while those that have no treatment usually extend over a period of months.

The children of this woman, three in number, from whom she contracted the disease, were all speedily cured, one with belladonna, one with drosera, and the other with coccus cacti. In comparing these drugs we find similar symptoms in their pathogenesis, and only on making careful differentiation shall we get curative effects.

A case of traumatic synovitis of the knee joint of three weeks' standing came to my notice from another physician. The patella was protruded, and there was fullness at each side of it with distinct fluctuation, with severe constitutional disturbance, fever $102\frac{1}{2}^{\circ}$, quick pulse, cough with sharp pains in the limb and in the chest, loss of appetite and sleep on account of the pain, with much thirst for large quantities of water. The joint had been aspirated, but filled up again. Iodin and some other lotions had been used locally. I applied a flannel bandage and prescribed bryonia. In a few days there was a decided improvement—less swelling and less pain,—and in three weeks the condition of the joint was normal. To attribute the cure entirely to bryonia would be "visionary," but doubtless the drug was an aid in overcoming constitutional disturbances and hastening recovery. The favorable results following the use of these drugs, or in fact the use of any drugs, cannot be reduced to a *fixed mathematical truth*. The effect is not demonstrably correct.

While a large number of physicians of all schools of medicine believe in the efficacy of antitoxin, vaccination, vaccines, their efficacy has not been reduced to a fixed mathematical truth. It is not as yet demonstrably correct in the minds of all physicians.

Retrorespectively, the art and science of medicine has been seemingly evolved; there are no eternal facts, as there are likewise no absolute truths from a scientific viewpoint; we believe in the truth of everything that is visibly, strongly believed. In fact all things on this earth are measured by the line of faith. Unfortunately therapeutic nihilism has been developed among some medical men—especially among the older school of medicine. The laity has become infected, with the unfortunate results that they have lost faith in their physicians as well as in drugs, and to this cause, more than to any other, may be ascribed the rapid rise of so many drugless cults.

A skeptic has no place in the practice of medicine. We have, or should have, a reason for the faith that is in us. Faith, as we understand it, is the antithesis of knowledge.

A definite means to an end is the sum total of the verified facts in definite drug action wherein uncertainty has disappeared and certainty has taken its place.

It has been contended that "science" will solve all the complexities pertaining to medicine. What is science, and what are its claims and limitations? These are still open questions. Unbiased judgment, bedside experience and experiment will for all time enter into the practice of medicine, in which sound sense and conservatism must be exercised.

Dr. George E. Dienst, Aurora, Ill.: The only thing that can establish medicine permanently is the result we obtain from the remedy, and those results will be obtained when we understand the proper use of the remedy. No use to give a remedy because it is advocated for this or that disease. Know what the remedy has done in its provings, and it will do similar things therapeutically.

Dr. H. W. Pierson, Chicago: Every homœopathic physician has in his possession opportunities for acquiring definite positive knowledge. To the degree that we utilize the powers within us are we able to change visionary therapeutics to something real and tangible. It is a significant fact that those who have the most positive knowledge of homœopathic remedies are not waiting for a new vision, but are satisfied with the old substantial friends of the past. That ought to be sufficient incentive to the men and women who are seeking to cure the sick. We have something in our possession capable of meeting the demands of the hour, and it is for us to search vigorously and persistently until we have mastered our practical as well as scientific therapeutics.

COMPARATIVE STATISTICS FROM THE LOUISVILLE CITY HOSPITAL*

By Fritz C. Askenstedt, M. D., Louisville, Ky.

To win for homœopathy general recognition and thereby extend its beneficent influence to all suffering humanity is an ambition of our school which through recent research has received a new impulse. The official acceptance of our method of cure as a rule of practice by the various bodies of the dominant school would most speedily lead to a realization of this our ambition. Though this consummation may still be afar off, and may require a mutual readjustment of claims, it is well worth working for. The rationale of our method of cure, in the light of recent advances of medicine, has proven a surprise to those who once were wont to meet our claims with scoff, and scorn, and has predisposed many to a more favorable consideration of our tenets. We can not hope, however, to convert our old school confrères to our ways of practice by proving the identity of the fundamental therapeutic principles of the two schools, for theories rise and fall as the waves of the sea, but like an immovable ocean there lies calmly beneath them the incontrovertible evidence of actual clinical facts. It is to them that our appeal must be made. But before this is done, let us make sure of our truth. Loose assertions are worse than useless; individual judgment must be measured by individual bias; concrete facts alone will tell.

An attempt to estimate the depth of the ocean with a plummet line only a few feet in length is no more absurd or unfair than to quote the clinical results of a single homœopathic institution in evidence of the curative power of our remedies. Our investigation must go beyond the surface, must go beyond the few statistical reports occasionally found in our literature, and be comprehensive enough to include, as far as feasible, *all* available records bearing upon the comparative value of homœopathic and old school therapeutics. The comparative statistics furnished below are, therefore, not brought forward in evidence of homœopathic efficiency or inefficiency, but simply to awaken an interest in a thorough and comprehensive investigation of the therapeutic results obtained in *all* our homœopathic institutions and thus arrive at a fair and practical estimate. To my mind, this offers our only line of advance.

*Abstract of paper read by title before the Bureau of Clinical Research, A. I. H., 1915. Published in full in N. A. Jour. Hom., Aug., 1915.

In the collection of the clinical data given below, based on the official records of the Louisville City Hospital, I was carefully and conscientiously assisted by Dr. H. A. Seibert, of Louisville, formerly resident physician and later, like myself, visiting physician to the hospital.

Our investigation goes back to April 1, 1899, when the homœopathic and old school staffs were organized on the plan that every sixth patient admitted should be received for treatment by the homœopathic staff, selected from the faculty of the Southwestern Homœopathic Medical College, and their homœopathic interns. The other 5/6 of the patients admitted were treated by the old school staff, made up from the other five medical colleges then existing in our city. After the amalgamation of the Southwestern with the Hahnemann Medical College of Chicago was effected, the homœopathic staff was eliminated, October 1, 1910. Our investigation covers the entire period of 11½ years. The homœopathic and the old school patients were admitted into the same wards, received the same nursing and feeding, the only difference in treatment being the medicines prescribed. Though occasionally palliative measures with crude drugs were resorted to by the homœopathic staff, the treatment of our patients was, in the main, homœopathic.

A nosological grouping of the mortality has been adopted because it is customary, but it must be remembered that such an arrangement may be greatly misleading, due to carelessness or incompetency of the attending physicians in making a correct diagnosis. For example, cases of cardiorenal disease admitted in an advanced stage will be recorded under heart disease by one physician, and under nephritis by another: likewise cases which develop some secondary affection, as pneumonia, dropsy, inanition, are liable to be put down by one under the primary disease, and by another be designated by its complication. It may seem surprising that in our report the mortality of typhoid fever, of heart disease, and of enteritis is greater under homœopathic than under old school treatment, but that this inferiority of our results is apparent, rather than real, is suggested by the markedly higher mortality of nephritis, of senility, and of inanition and marasmus coming under old school care. The value of hospital reports is, therefore, chiefly in their *comparative total death rates*.

Mortality Statistics, April 1, 1899-Oct. 1, 1910

	O. S.	1-5	Hom.
Diseases of the Respiratory Tract: Tuberculosis, pneumonia, pleurisy, empyema, hydrothorax, bronchitis and influenza, asthma, abscess of the lung, emphysema, edema of larynx and lungs....	923	184.6	196
Diseases of the Cardio-Vascular System: Heart disease, arterio sclerosis, senility, aneurism, embolism, hemorrhage, gangrene.....	388	77.6	79
Diseases of the Gastrointestinal System: Enteritis, gastritis, gastric ulcer.....	62	12.4	14
Diseases of the Nervous System: Cerebral paralysis, meningitis, insanity, sunstroke, hydrocephalus, epilepsy, neurasthenia, paralysis agitans, disseminated sclerosis, syringomyelia, locomotor ataxia, neuritis	215	43	47
Diseases of the Uro-Poietic System: Nephritis, hydronephrosis, prostatitis and cystitis, uremia...	292	58.4	52
Diseases of the Skin: Lichen planus, psoriasis, pemphigus, purpura hemorrhagica, dermatitis, ulcer	7	1.4	1
Miscellaneous Infectious Diseases: Typhoid fever, malaria, acute rheumatism, syphilis, tetanus, osteomyelitis, peritonitis, septicemia and pyemia, Hodgkin's disease, leukemia, acute yellow atrophy of liver, actinomycosis, erysipelas, diphtheria, measles, whooping cough, scarlet fever..	266	53.2	51
Miscellaneous Non-Infectious Diseases: Exophthalmic goitre, chronic rheumatism, diabetes mellitus, inanition and marasmus, alcoholism, poisoning, cirrhosis of liver, rachitis, anemia, non-malignant tumors, carcinoma and sarcoma, cervical adenitis, disease of eye, no diagnosis.....	348	69.6	59
Obstetrics: Pregnancy, puerperal fever, eclampsia, premature birth	36	7.2	7
Surgery: Surgical diseases and anesthesia.....	584	116.8	115
Grand total	3121	624.2	621

The above report shows a lower death rate of 0.51% on the homœopathic side. This is a surprisingly small net result in our favor, but the cause of so nearly even totalities will be seen to be accidental. Our deaths from tuberculosis amounted to 152, as against 690 ($\frac{1}{2}$ -138) under old school treatment. As all these patients were admitted in advanced stages, no cures occurring on either side, the number of these cases with high mortality assigned to homœopathic care must have been greatly in excess of the normal proportion of one to five. In

the list seen below—the deaths of which are included in the report above—it will be found that while the admissions on the old school side from November 1, 1908, to October 1, 1910, were only 237 ($\frac{1}{2}$ -47.4), the homœopaths received 67 cases, or an excess of 41 per cent. If we, therefore, should exclude this class of patients (a procedure not to be recommended for official statistics) from our list, the comparative death rates would be: Old school, 2,431 ($\frac{1}{2}$ -486.2); homœopathic 469,—a saving of 3.54 per cent, on our side (or, substituting non-tubercular for tubercular cases and calculating admissions and death rates on figures given below, 3.29 per cent).

With the limited time at our disposal, it was found impractical for Dr. Seibert and myself to embrace in our investigation the entire bulk of admissions to the City Hospital during the 11½ years' period. However, before our work was finished, we decided to make note of the admissions as well as the death rates officially recorded during the last years of the term. These findings we append, believing that, although covering but a short time of the hospital service, they will throw some light on the previous figures, produced for the purpose of unbiased testimony.

Comparative Statistics, Nov. 1, 1908, to Oct. 1, 1910

	O. S. amiss.	Deaths.	Hom. Adm.	Deaths.
Diseases of the Respiratory System.....	735	228	175	60
Old school death rate, 31.02%; homœopathic, 34.03%. After subtracting tubercular cases: Old school, 18.67%; homœopathic, 18.64%.				
Diseases of the Cardio-Vascular System....	421	131	91	24
Old school death rate, 31.12%; homœopathic, 26.37%.				
Diseases of the Gastrointestinal Tract.....	140	12	34	3
Old school death rate, 8.57%; homœopathic, 8.82%.				
Diseases of the Nervous System.....	267	19	71	5
Old school death rate, 7.12%; homœopathic, 7.04%.				
Diseases of the Uro-Poietic System.....	132	52	19	8
Old school death rate, 39.39%; homœopathic, 42.10%.				
Diseases of the Skin.....	198	7	44	0
Old school death rate, 3.53%; homœopathic, 0.				

Miscellaneous Infectious Diseases.....	1094	54	231	7
Old school death rate, 4.93%; homœo- pathic, 3.03%.				
Miscellaneous Non-Infectious Diseases.....	974	83	172	20
Old school death rate, 8.52%; homœo- pathic, 11.62%.				
Obstetrics: Pregnancy	444	9	103	3
Old school death rate, 2%; homœo- pathic, 2.91%.				
Surgery: Surgery and Anesthesia.....	1774	145	355	27
Old school death rate, 8.17%; homœo- pathic, 7.61%.				
Grand total	6179	740	1295	154
Old school death rate, 11.98%; homœo- pathic, 12.12%. After subtracting tubercular cases: Old school, 11.03%; homœopathic, 10.08%.				
Cases admitted without report as to termi- nation	531		74	
	6710		1369	

DIETETIC TREATMENT OF CHRONIC CARDIAC DISEASES*

G. Carroll Smith, M. D., Boston

Discussion

Dr. Dieffenbach: This paper has been of great value to me as it gave a résumé of the subject in which I am very much interested. I am particularly interested in having Doctor Smith emphasize the relationship between obesity and cardiac conditions which, while it is a matter of general knowledge, is not emphasized as much as it should be. The vicious cycle of obesity, such as the collection of fat in the mediastinum, in the pericardium, about the hips and diaphragm and over the chest and the mammary glands in women, produce a condition of suboxidation with the usual vicious cycle of toxemia following the same suboxidation and also the lack of energy and lack of exercise and the vicious cycle continuing with a further deposit of fat. And with the further deposit of fat you get gradual changes producing fatty infiltration and other conditions which accompany these cardiac conditions. There is one class of obese cases, however, which I am quite sure Doctor Smith will admit exists in his practice as well as others, and that is the cases pointed out by Cushing in which there is a de-

*JOUR. AMER. INST. HOMŒOPATHY, Sept., 1915, page 259.

iciency of the anterior lobe of the pituitary gland. In my experience in making a study of those cases obesity exists without a necessary complicated cardiac organ, such as you would have if you had a complication following some of the infectious diseases. We must bear in mind that in those cases diet in many instances will not do much. Those people are pathologically obese, different from individuals obese from disturbance of diet. We must differentiate those two classes obesity,—obesity due to suboxidation and that which is due to deficiency of the pituitary gland. Possibly glandular treatment in the latter case would be more appropriate than diet.

In the splendid résumé which Doctor Smith gave us there is one point which he made which did not find accord in my mind. That is his dogmatic recommendation of the hearty breakfast. I believe there is a difference of opinion on that point. For people who do active work, hearty breakfast in the morning is to be commended; but for professional men and women, clerks, people who immediately go from their rooms into an elevated car or a subway or a railroad and get into a stuffy office, breathe no oxygen, have no exercise, for such to have a heavy breakfast in their stomach and commence to use all their mental faculties immediately, it leads simply to indigestion, carbon dioxide poisoning and a general vicious cycle.

Dr. Tenney: Has this dietetic treatment been applied to those cases in which there is a congenital defect in the development of the lungs or, in cases of anemia which seem to underlie the obesity, i. e. where anemia seems to be the primary cause? If so, is any modification recommended? What importance attaches to the rôle of salt in high pressure, which sometimes accompanies the obesity? Is salt restricted?

Dr. King: I would like a brief list of books to be furnished our patients which would inform them somewhat on the general nature of the protein, the carbohydrate and the fat, and the general use of them; also other books which would present the facts given us, with these tables for reference. In one case, a patient who weighed two hundred and twenty-five pounds, I had the good fortune to reduce the weight in two months about sixty pounds. He was then symptomatically well. I learned a great deal from that one patient who was willing to carefully follow out the directions given. I heartily endorse the necessity, as stated by Doctor Smith, of having individual scales for each patient, and a daily record.

Dr. Hooker: Let me say for Doctor Smith, that he is the author of a small book entitled "What to Eat," which is the most valuable work on dietetics I ever saw. It is small and practical. He tells me a new edition of it will shortly be out. "What to Eat and Why," published by Saunders.

Dr. Hanks: I am very much interested in this but I can't help feeling some dismay when I look through this list of foods and remember that all of us in the West are hours away from the fresh supply of sea foods. My five years in Boston make me appreciate the difference between sea foods, as we get them there, and sea foods that we get farther west. Having had an acute attack of poisoning myself from a

crab meat sandwich and having come upon this many times, I appreciate fully this point among my patients. In the first recommendations for breakfast, about five per cent is sea food, luncheon about twenty-five per cent, and dinner about thirty per cent. (I am counting by lines, on the printed slip, not calories). I would like to ask if Doctor Smith's objection to breakfast foods, cereals, etc., would be so much against the *whole* cereals, as whole wheat and the natural rice. As I understand it, they are not objectionable.

Dr. Smith (closing the discussion): I have very much enjoyed this discussion. I should enjoy it if it were very much longer, because I know many of you would like to talk, and some would like to say more than the three minutes allow you to say.

First, in regard to the cases which Dr. Dieffenbach speaks of, I am very glad he called attention to obesity due to disease of the pituitary gland. I wanted to say something about it, but I thought I wouldn't take up the time of the session to go into it. I think probably Cushing would allow the class is small. Harvey Cushing has stated the facts about as well as it could be done, because he is a great authority on the pituitary body, you know, and there is no doubt but that a very small percentage of cases of obesity—not so large as you might think—is due to pituitary disease. You should bear in mind that disease of this gland is comparatively rare, while obesity is a very common affection.

Now, for the big breakfast. If I were to argue this question of a big breakfast, I should want Dr. Dieffenbach with me for dinner and a whole evening, because I believe in the large breakfast. You may think from the diet list that I mean a huge breakfast. I do mean a generous one when compared with that which some of our ladies are taking, as well as not a few men, consisting of an orange or a little piece of toast, or a cup of coffee. That is what I call a very small breakfast.

This menu tells you what my patients take. They take for breakfast two eggs, two pieces of toast cut across a brick loaf, with butter and a cup of coffee, or glass of separated milk with fruit, every second morning. The other breakfasts are made up of fish or meat, with potato, and fruit. I find I can take such a breakfast at 7:30 and work until 1 o'clock lunch without inconvenience. Persons who have poor digestion, also elderly persons, should have their dinner in the middle of the day, while young persons, and those of good digestion, may lunch at noon and dine at night.

In regard to the second doctor's question: What is the rôle of salt in these cases? If a patient has dropsy in cardiac diseases, and practically speaking, probably ninety-five per cent of all such cases that consult the doctor in private practice, have dropsy, they have it by virtue of a failing heart. If they have no kidney complications you can give them a reasonable amount of salt, but I do not approve of salt until they have gotten rid of the dropsy, because the salt has to be eliminated through the kidneys. Salt has a great affinity for water. It goes into the muscles of the body and holds on to a great deal of water and thereby tends to increase the dropsy.

The connection between anemia and fat. The doctor did not make quite clear whether he wanted to ask if the fat produced the anemia,

or the anemia produced the fat. They frequently exist together. The anemia in the fat patient is generally the result of malnutrition. Every obese patient suffers from malnutrition because all of the digestive secretions—the saliva, the gastric juice, the intestinal juice and the pancreatic juice—are impoverished by poor circulation; the venous circulation is overloaded, and the arterial circulation is impaired. Consequently, anemia must result, and practically all of our fat cases are slightly anemic.

Dr. King asked for a book. Just what kind of a book do you want, Dr. King? Do you want one that gives the caloric values of different foods, or that tells you how to diet the patient?

Dr. King: I want two kinds, one for the doctor, and one for the patient. They have asked for one for the patient that could explain to them the difference between the protein and the fat.

Dr. Smith: "Food Values," by Edwin A. Locke, published by Appleton, discusses caloric values and classification of carbohydrates, proteins and fats.

Dr. Alden E. Smith: I am sorry I was called from the room as you were answering the question relative to obesity in women, particularly after childbearing, and without dietetic error.

Dr. Smith: Such cases grow fleshy quite fast during pregnancy, because they are frequently told by some old nurses, and sometimes by doctors who are not familiar with the subject, that they must eat, because they have two to nourish, and they are not given any direction what to eat, so they take the most fattening things. They get quite fat before the baby is born, then afterwards they keep on eating for fear they will lose their milk, and they are stuffed generally with carbohydrates, fats, and milk, beer, ale, and porter. This is the very worst kind of diet, because construction begins with nitrogenous food. What you do with carbohydrate food is to make fat, and fat doesn't make milk for the mother. Consequently all you do is to make the woman obese, uncomfortable and miserable. And, of course, the more you load her up with fat, the more anemic she gets. Her anemia is not the cause of her obesity.

Someone alluded to the inability to get fresh fish in the West, and asked what could be used as a substitute. You can use dried fish, salted fish, and sardines. There is no better lunch than good sardines, with a nice vegetable salad.

Dr. King: How about the high protein contents? Aren't your sardines very hard to digest?

Dr. Smith: Oh, no.

Dr. King: The oil?

Dr. Smith: Ninety per cent of all olive oil goes through the bowels unabsorbed, and it is not disagreeable at all. The little sardines put up in Norway and down on the coast of Brittany have very little oil in them.

The list is made large so that one may choose what he likes and avoid a monotonous diet.

Dr. Hooker: Doctor, I think you recommended twenty-five hundred calories for a meal.

Dr. Smith: For a day—three meals. If he is not at work fifteen hundred calories daily may be enough.

Dr. Hooker: What proportion of that should be the proteins?

Dr. Smith: Well, for fat persons about one hundred and fifty grams of protein; lean people don't need quite so much as that, generally about fifty to one hundred and twenty, according to size and weight.

HIGH BLOOD PRESSURE*

A Discussion of the Value of the High Frequency Current

Dr. William H. Dieffenbach, New York: A high frequency apparatus is one which furnishes at least 10,000 oscillations per second; there may be 100,000 oscillations per second and over, but a minimum of 10,000 is requisite. In many cases, when a high frequency current is intended, it is not obtained.

Urine tests have demonstrated that treatment of from 20 to 30 minutes of high frequency give beneficial results: urates, phosphates and other solids are increased; the specific gravity is raised from 2 to 10 points; the sweat glands are stimulated; myositis and fibrositis are relieved.

However, in true croupous nephritis, in high pressure of old age, and in retinal hemorrhage, the high frequency current is detrimental. But for high pressure in young people, in syphilitic and in hepatic cases, it has proven of great value. It is efficacious in diabetes, as outlined in Dr. Williams' book. My usual treatment is 200 to 400 milliamperes for 30 minutes, localized over the region of the pancreas.

Dr. Clara E. Gary, Boston: High frequency treatment aided by enforced rest has given me very satisfactory results. Two cases come to my mind, illustrating the influence of different currents in reducing and raising blood pressure. I know that the high frequency currents lower blood pressure, while the static wave raises blood pressure.

1. A woman sixty years old, occupation accountant, pulse 40, symptoms: yellow skin and conjunctiva, urine dark brown, pale stool, distressing itching of the body, mind depressed; diagnosed obstructive jaundice. Blood pressure 110, taken in the afternoon, patient recumbent, used static wave current daily for twenty to thirty minutes; treatment continued for nearly six weeks. Used six inch spark with electrode covering the region of the kidney. In two months, patient was free from jaundiced condition with normal blood pressure and has remained so for over a year.

2. Boy twelve years old, rather delicate, had developed a wonderful technic in dancing. During the winter of 1913 he contracted a severe cold, ushered in with chills, very little temperature, nausea, vomiting, general serous effusion, skin dry, urine showed marked nephritis. Blood pressure taken in afternoon, patient recumbent, 150; diagnosed acute nephritis. Used static wave current daily preceding

*Nat. Soc. Phys. Therapeutics, 1914.

auto-condensation current; used six inch spark; electrode covered the region of kidney; followed this treatment with high frequency, about 750 ma. Patient has completely recovered, has had normal blood pressure and normal urine at least six months. I notice the combined use of the static wave with the high frequency in these conditions delays the reduction of blood pressure longer than the high frequency used singly, probably because there is some counteraction on account of the two currents. I consider high frequency an invaluable aid in reducing high blood pressure.

Dr. Edw. B. Hooker, Hartford, Conn.: Complete intestinal elimination is important in all such cases. To illustrate: A woman had terrific headaches, dizziness, attacks of unconsciousness, excess of intestinal gas, blood pressure of 240, with obstinate chronic constipation. By means of auto-condensation, Russian oil and agar-agar, she was greatly benefited. The high frequency treatments reduced the blood pressure, the oil and agar corrected the constipation. The elimination of irritating food products adds materially to the comfort of the patient. In such cases meat and coffee should be forbidden.

Dr. Payne: Some of my cases have done well under high frequency treatment and others have not. In one case of kidney disorder, with pressure of 200, albumin and casts, after treatment with high frequency, there was general anasarca which did not subside for several months. In another case, aged woman, the treatment was beneficial.

Dr. Clement Shute, Pottstown, Pa.: The high frequency current has helped very much in some cases. In other cases, not so marked. The current, in twenty-minute treatments twice a week, has kept the tension down.

Dr. Cornelia C. Brant, New York: High frequency currents have given many good results in cases of intestinal stasis, as well as in high blood pressure.

Cultivation of Drug Plants. Avocation for the Physician. The Department of Agriculture recommends the introduction of improved methods and use of machinery. The demand for many drug plants, however, is so limited that if large areas are brought under cultivation there is considerable danger of overproduction. Prospective growers are urged, therefore, to acquaint themselves with market conditions before investing any considerable sum of money in this way. On the other hand, the number of drug plants which may be grown in the United States is large. In suitable soil and under favorable weather conditions the following plants have done well under cultivation: Belladonna, burdock, catnip, chamomile, conium, digitalis, echinacea, pennyroyal, sage, stramonium, tansy, thyme.

Bulletin 663, Drug Plants Under Cultivation, contains specific instructions for the cultivation of each of these plants and of a number of others. In growing medicinal plants from seed it is much better to start the plants in a greenhouse or hotbed than to sow the seed directly in the field. The preparation of the soil is of prime importance. A seed bed prepared by thoroughly mixing equal parts of garden soil,

leaf mold, well-rotted manure, and clean sand will be suitable for the germination of most seed.

Drug plants grown for their roots are usually harvested in the fall or early in the spring while the plant is still dormant. Leaves and herbs are usually harvested when the plants are in flower. In addition to the care and knowledge needed for the production of these medicinal plants, the grower must be familiar with market conditions. In many cases there is no local market for the product, and the grower should then send samples to dealers in crude drugs or the manufacturers of medicinal preparations in order to obtain a price for his crop. Some growers who have been careful to maintain a very high quality in their product have succeeded in building up a trade at a price a little above the prevailing market quotations. It is also possible to secure a contract for the sale of the entire crop in advance, thus insuring a definite market. In general the growing of drug plants in this country seems to be more suitable to well-equipped cultivators who devote themselves entirely to it than to the general farmer who looks upon it only as a minor source of income.—*Bulletin, June 8, 1915.*

She Would Have No Other. By standing very straight, he could just look across the top of the librarian's desk. His eyes met the librarian's squarely when she accused him of having kept "Fifty Famous Stories" out for three months. He explained that he had left it for a day at the end of each two weeks, and the librarian, accepting the explanation, considered the matter settled. Five minutes later, when she looked up from her work, she found him still there.

"Little boy, what do you want?" she cried.

"Please, ma'am, that book."

"But you've had it for three months already. Why can't you take some other?"

"Because that's the only one she likes."

"She?" the librarian repeated, inquiringly.

"Yes'm. The one I teach."

"You mean your teacher?"

"No, ma'am, the girl I teach."

The librarian looked at him helplessly and gave her full attention to the matter.

"How old is she?"

The diminutive teacher eyed her critically. "'Bout as big as you," he decided. "She's an Eyetalian. Her father mends shoes in the basement at the corner of the avnoo. He's mean to her; and she can't talk English, and she don't know anybody, and she cries lots. So I'm teaching her to read, evenings."

"Don't you get sleepy?" There was no amusement in her voice now.

The boy nodded, half-ashamed. "Yes, ma'am, sometimes. But," he brightened up, "but she's learnin', and when she knows English she'll like this better than Italy, you see!"

A moment later the smallest teacher was hopping down the steps; he carried the "Fifty Famous Stories" under his arm. And back in the library the librarian was thinking—many things!—*Exchange.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. EDITOR

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EDITORIAL

The Intercollegiate Committee on the Correlation of Drug Research Relating to the Law of Similars. At the request of Dr. H. R. Chislett, President of Hahnemann Medical College, a meeting of the deans of our colleges was held in Chicago, July 1, 1915, to consider "a plan for co-operative drug research work by the different colleges."

President Chislett and Dean Pearson were appointed a special committee to arrange the time and place for a meeting of delegates from the different colleges, "who when they convened should constitute a committee to consider the subject of this conference, that is, the correlation of the research work of homœopathic colleges, especially along the line of pharmacology."

The special committee called a meeting at Detroit, August 16, 1915. There were present representatives from Hahnemann Medical College of Philadelphia, Hahnemann Medical College of Chicago, New York Homœopathic Medical College, University of Michigan and the College of Homœopathic Medicine of the Ohio State University.

The committee organized and spent the better part of the day in an earnest discussion of the teaching of homœopathic materia medica in our colleges and the methods to be pursued in drug research work.

It was agreed that the basic work in teaching materia medica should be done in the laboratory; that a short course in pharmacy was essential; that a comprehensive course in pharmacology which should develop the drug picture, the toxicity of drugs and the natural sequence of drug symptoms of a large number of remedies should precede the study of symptoms and clinical applications.

It became evident to the committee that in order to do research work which should stand the test of scientific examination and should carry weight in the scientific world a systematic preparation and procedure should be elaborated, based upon laboratory work in Pharmacology.

As the first step in research work, it is recommended that each college map out a comprehensive course in homœopathic pharmacology; that the College Alliance constitute a special committee on methods of teaching homœopathic materia medica which shall standardize this course to make it similar in all of our colleges.

The committee adopted the following resolution:

"Whereas, There are certain terms in use by homœopathic physicians, terms referring particularly to pharmacological procedures and preparations, that have distinctive and peculiar meanings for such physicians.

"Resolved, That the chairman of this conference shall appoint a sub-committee upon nomenclature, such sub-committee to confer with the proper officer or professor of the various colleges upon the importance of attaching to such terms as may be of the character described, specific definitions.

"The sub-committee shall report to this committee from time to time. This sub-committee shall be known as the Committee upon Homœopathic Nomenclature."

This committee consists of Dr. W. B. Hinsdale, chairman, Dr. J. P. Sutherland and Dr. W. Henry Wilson.

It is believed that a careful consideration of all of our peculiar words and terms, an accurate definition of those that have a special meaning to us and a dismissal of those which have ceased to have any special use, will illumine our work for both ourselves and our critics.

Suggestions for carrying out our research work were discussed at length. Action, however, at this time was taken only in relation to the publicity of what has already been done. The chairman was instructed to form a committee consisting of one representative of each college to go over the world's recent and current literature for reports of actual research work, bearing upon our subject; to publish monthly résumés of articles in *THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY*, and thus collect valuable data both for general information and for our future distinctive research work.

In order that this movement may shape itself into something of value, the committee have asked to be constituted a permanent committee of the College Alliance. The President of the Alliance has called a special meeting of the Alliance to meet in Cincinnati November 9th, 10th and 11th, at the time of the meeting of the Southern Homœopathic Association, to give this committee an opportunity to make an early report and the Alliance an opportunity to direct the work of the committee.

Drug Research work to be convincing will require:

First: A well considered plan.

Second: A special laboratory with complete equipment.

Third: A trained laboratory worker whose time is paid for and whose attention is not distracted from his work by too much teaching.

Fourth: The co-operation of workers in the departments of Physiology, Chemistry and Pathology. *J. P. C.*

The Spirit of Youth. One of the noteworthy features of the recent session of the Institute was the spirit of younger

members for doing painstaking, new work, work worthy the present day standards, work which shall endure because it is well done. And there was more than one definite request that all available money, particularly that which has been held idle these many years in the treasury of the Drug Proving Association, be put at work in some of the educational centers now existent. Quite possibly, it may not be possible, technically, as reported by the committee on resolutions, to demand this money. But right is higher than legal technicality. Greater loss sometimes comes to him who withholds than to him who suffers from the withholding.

The initial work at Columbus merits a sturdy support. And now we have yet a younger college, the new Southwest, established in Kansas City, the commercial center of that vast southwest country. There are people and there is money in that great southwest. If the workers can be united under the single motive of efficient service, the money will be forthcoming.

The JOURNAL published last February Dr. Nesbit's paper on "A Modern Technic for Proving Drugs on Healthy Human Subjects." This publication won favorable comment from numerous sources. It gave a keen impetus to the interest in the symposium on *Coffea*, in the *Materia Medica* section of the 1915 session. This symposium will be published in the November JOURNAL. This paper of Dr. Nesbit's traveled far abroad from the audience to which it was read in Atlantic City. J. W. England of the Research Department of Smith, Kline & French says:

This article is an attempt to devise a definite and comprehensive method of determining drug action on healthy human subjects, by a careful study of symptoms as modified by individual conditions, such as temperature, pulse, respiration, blood pressure, body weight, nervous reactions, diet, etc.

The details seem to have been worked out in an exceedingly careful and original manner and will lead, I believe, to extended researches along the lines proposed by Dr. Nesbit.

The art of therapeutics is falling into decay by reason of the growth of drug nihilism, and the latter has grown because the art has been based on unscientific principles—upon the subjective and objective

symptoms of animal experimentation and not upon experimentation with healthy and diseased human beings.

The use of the lower animal, as Nesbit states, introduces into experiments physiological and technical artefacts that largely invalidate scientific deductions for the purpose of human treatment. Animal experimentation is useful in anatomical and physiological research per se, but not for furnishing indications for the therapeutic applications of drugs, i. e., for the purpose of human treatment.

Dr. Nesbit's work is of high scientific character, and while it is limited to the study of caffeine only, he has apparently worked out a technic for the study of drugs on human subjects that minimizes the personal equation, and opens the door for a more scientific study of therapeutics than is afforded by the present day methods. His working technic for getting pathogenic facts may have a potential influence in creating a renaissance in the study of therapeutics, which, by reason of the indifference of the medical profession of today, is fast becoming a lost art.

Dr. Nesbit deserves to be congratulated upon his splendid work and encouraged to continue it.

The Evans Memorial is giving an opportunity to other of the younger members to make good in a similar quality of work. Dr. Conrad Wesselhoeft, 2nd, has published in recent issues of the *New England Medical Gazette* (May, June and August, 1915,) a series of papers presented with such splendid clarity as to give them a distinct rank in medical literature. The first paper is a study of that "specialized tissue contained within the heart which serves as a point of origin as well as a system of conduction of the cardiac impulse." It is brimful of therapeutic suggestions based upon the physical findings. Every paragraph is clean-cut and intelligible, which is a joy appreciated only by the reader who has laboriously followed pages of the obscure English which has been foisted upon the medical public of the past decade. The second paper discusses the nerve supply of the heart, the atropin drug group, morphin and chloroform. The third paper concerns itself with the digitalis group. The spirit of Conrad Wesselhoeft, pioneer in American homœopathic practice, and sturdy champion of the homœopathic principle before the Boylston Medical Society in those stormy days, speaks in the closing sentence of this paper by Conrad the Second:

So long as medicine remains an art and not a science, we must be governed largely by theories; and providing that such theories are

based on scientific facts, and are not in reality hypotheses resting upon transcendental speculation, they should serve as a stimulus for further search after facts and for amicable discussions rather than as barricades for sectarian hostilities. Finally, this study of *digitalis* tends to bring out that one may consider a drug to act homœopathically, and apply it to homœopathic principles without necessarily conflicting with the more modern pharmacological conceptions of its *modus operandi*.

No physician who is eager to keep up with the best work in therapeutics or allied to therapeutics can afford to be without this magazine, which is practically the official publication of the Evans Memorial, nor can he afford to disregard or hinder the work of any of these younger workers whose financial returns are so sadly disproportioned to their hours of labor and their enthusiasm. S. M. H.

The Southern Homœopathic Medical Association. This society usually associated with the states far to the South brings its annual meeting as far north as Cincinnati. This ought to furnish a special inducement to northern physicians to improve the opportunity of strengthening the southern friendships. Hotel Gibson in Cincinnati will be headquarters and the date is November 9, 10 and 11. In co-operation there is power. Volumes may be read, but there is an added gain from the paper and the discussion *viva voce* which pays well for every dollar expended and every hour snatched from a busy practice for these occasional conferences and exchange of experience. S. M. H.

The Place of Meeting in 1916. The executive committee of the Maryland Homœopathic Medical Society has extended a cordial invitation to the Board of Trustees to carry out the vote at the June session to make Baltimore the place of meeting in 1916. Dr. Maurice D. Youngman, while in Chicago, formally presented to the trustees an equally cordial invitation to return to Atlantic City in 1916. Here's hoping the war cloud will pass, so that there may be also an international conference.

S. M. H.

Paul Ehrlich. Paul Ehrlich at sixty-seven is dead, "suddenly of heart disease at Bad Homburg." To have linked one's name with the side-chain theory, to have presented to the world, the possibilities of salvarsan, to have had one's name henceforth associated with original work of value in the study of cancer, and to have received even one-half one year's dispensation of the Nobel prize would seem to be reward enough for sixty-seven years of active service. The pity is that such a life, spent in the search for relief of human woe, should have been compelled to witness this horrid wholesale destruction of the strong men of the European nations. *S. M. H.*

ANNOUNCEMENTS

The Southwest School of Medicine and Hospital

Wm. Davis Foster, M. D., Dean

The Southwest School of Medicine and Hospital will begin business October, 1915. A full faculty of forty-seven professors and associate professors has already been chosen. Included in this number are six full time laboratory teachers on salary. Additions are being made to the laboratories and a hospital is being equipped in connection with the college, as required by the rules of the American Institute of Homœopathy and Missouri State Board of Health.

Southern Homœopathic Medical Association

A. L. Smethers, M. D., President

J. L. Jennings, M. D., Sec'y-Treas.

The thirty-fourth annual meeting of the Southern Homœopathic Medical Association will be held in Cincinnati, Ohio, November 9, 10 and 11, at the Gibson Hotel as headquarters. Cincinnati being a border city, it was thought wise this time to hold the meeting where we might have the help and influence of a great many of the northern men. A cordial invitation is extended to all readers of THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY to be in attendance and make this meeting a great success, propagandistically as well as scientifically.

American Association for Study and Prevention of Infant Mortality

The sixth annual meeting of the American Association for Study and Prevention of Infant Mortality will be held in Philadelphia, November 10-12, 1915.

The subjects to be discussed include:

Eugenics. Effect of the economic standing of the family on infant mortality. Infant welfare nursing in small cities, towns and rural districts. Institutional mortality. Midwifery conditions. Treatment and prevention of respiratory diseases.

Mr. Homer Folks of New York is president of the Association, and Dr. S. McC. Hamill of Philadelphia, president-elect for 1916. Dr. Joseph S. Neff, 801 Weightman Building, Philadelphia, is chairman of the Committee on Local Arrangements.

The sessions will be under the chairmanship of the following:

Eugenics—Dr. Wm. F. Snow, New York City. Pediatrics—Dr. Charles A. Fife, Philadelphia. Obstetrics—Dr. Mary Sherwood, Baltimore. Economic Aspects of Infant Welfare—Mr. Sherman Kingsley, Chicago. Nursing and Social Work—Miss Ella Phillips Crandall, New York City.

The session on Economic Aspects of Infant Welfare will be a joint one with the Philadelphia County Medical Society and will be held at the College of Physicians. All other sessions will take place at the Bellevue-Stratford Hotel.

Programs or other information in regard to the meeting can be secured from the Executive Secretary, Miss Gertrude B. Knipp, 1211 Cathedral St., Baltimore, Md.

Annual Meeting of the American Medical Editors' Association

The annual meeting of this association will be held at the McAlpin Hotel, New York City, on October 18 and 19. Under the presidency of H. Edwin Lewis, M. D., editor of *American Medicine*, a most interesting program has been prepared upon important subjects of particular interest to every medical editor in this country.

Coming at a time when clinics and operative work are in full swing, an unusual opportunity will be afforded to those members who desire to observe clinical work, and for those who are interested in the business side, a more propitious time and place could not be selected.

The annual banquet will be held at the McAlpin Hotel on the evening of October 19. These delightful occasions of the American Medical Editors' Association are events long to be remembered and the local committee assure us that this banquet on the evening of October 19 will exceed all previous efforts.

Transactions and Other Files

Dr. Sophia Penfield, 356 Main St., Danbury, Conn., has the following volumes to be disposed of:

Transactions of the American Institute of Homœopathy, 1877 to 1908, inclusive, except 1902.

Many copies of the JOURNAL since 1908.

North American Journal of Homœopathy, Vols. 1, 2, 3, 5, 6, 7, 9, 10, 12, 13, 14, 34, 35, 36.

Medical Counselor, Vols. 2 and 4.

Medical Advance, Vols. 14, 15, 16, 18, 19.

Organon, Vol. 2, 1879.

Medical Gazette, Vols. 1878-1887 inclusive.

Transactions of A. I. H., 1846.

The Secretary's office is indebted to the Library of Philadelphia Hahnemann College in Philadelphia, through Dr. Thos. L. Bradford, for a copy of the Transactions of 1846. This little pamphlet contains a brief constitution and by-laws and narrates the story of the session. Dr. Bradford has some of the earlier volumes of Transactions for sale.

CORRESPONDENCE

Baltimore Invites the Institute for 1916

330 No. Charles St., Baltimore, Md.,
August 18, 1915.

Sarah M. Hobson, M. D., Secretary, Chicago, Ill.

Dear Dr. Hobson: At a meeting of the Executive Committee of the Maryland State Homœopathic Medical Society recently held, it was decided to extend an invitation to the American Institute of Homœopathy to meet in Baltimore in 1916.

Preliminary arrangements have been made with one of the largest centrally located hotels to provide all necessary rooms for the various meetings; with the possible exception of the Memorial service.

From the enthusiasm expressed, we have good reason to believe that the committee will have no difficulty in securing the financial support of the profession.

Very truly yours,

M. Bowman Hood,
President

Wm. Dulany Thomas,
Secretary.

The Eclectic School

Denver, Colo., Aug. 20, 1915.

To the Journal of the American Institute of Homœopathy:

My attention has been called to an editorial in the August number of the *Eclectic Medical Journal*, in response to the overtures of the official members of the American Institute of Homœopathy, as to forming a coalition. It has occurred to me, that a brief review of the editorial would not be out of place.

As the editor of a monthly medical and surgical journal, comprehensive as the name implies, a compendium of current events and knowledge pertaining to the healing art, I can see no valid reason for limiting the scope of its teaching and influence to a sectarian conception for its field of usefulness. The influence and teaching of sectarianism leads to narrowness and bigotry, and is the bane of progress, whether medicine or religion, as attested by all past experience. The domain of the healing art, so diversified in its plentitude of agencies should be made all comprehensive in adding to our knowledge. The whole field of therapeutics is composite practice.

We should not lose sight of the fact that every therapeutic agent is endowed with a dual sphere of activity, a physiological and dynamic energy, whether of mineral or vegetable origin. Can we, in the light of modern advancement in therapeutics, accept the one and discard the other, knowing that each has been proven to be of inestimable value from a therapeutical standpoint. It is the part of wisdom to conserve and utilize the inherent forces of every proven agent, for the greatest good of the greatest number. The day of nihilism has passed; a rational optimism is the hope of the future.

Professor John U. Lloyd deserves great credit as a chemist and pharmacologist, for his work in extracting from the crude product, a tincture containing the dual element of the drug. Professor Samuel Hahnemann, as a teacher of chemistry in Leipsic University, climaxed his work by proving to the profession in theory and practice the potential influence of potentized drugs.

The dominant schools are making commendable strides in experimental aggressive work confirming the pioneer work of Hahnemann in the potentization of bacteriological agents, in emphasizing serum and light therapy as well as autogenous products in the cure of disease, thereby confirming the law of similars as well as improving polypharmacy.

Energy is protean in its nature and manifests itself in different phases. It is not only transformable but transferable and indestructible.

We can not ignore fundamental principles in their proven spheres of action any more than we can ignore the influence of radium in malignant diseases, whether on the battle field or in

hospitals, as a therapeutic agent that promises so much as an important adjuvant to the healing art. Consistency in liberality is a virtue. Breadth of knowledge when judiciously used is power. The "Survival of the Fittest" is the slogan, upon which is perched the possibilities of our greatest achievements, as professional men.

Norman G. Burnham, M. D.

708 Fourteenth St.

GENERAL NEWS

California. Officers of the California State Homœopathic Medical Society are: F. S. Barnard, President, Los Angeles; Philip Rice, First Vice-President, San Francisco; Jessie G. Simpson, Second Vice-President, Paton; Guy E. Manning, Secretary, San Francisco; T. C. Low, Treasurer, Los Angeles.

The Second International Conference on Race Betterment, held here in August, discussed race decadence, the possibilities of race improvement, and the agencies of race betterment. Luther Burbank, the plant wizard, discussed "Evolution and Variation with the Fundamental Significance of Sex." Mr. Burbank said: "Abundant, well-balanced nourishment and thorough culture of plants or animals will always produce good results in holding any species or variety up to its best hereditary possibilities, beyond which it cannot carry them, and lacking which, maximum development can never be realized. But a sharp line must always be drawn between the transient results, temporarily attained through favorable environment, and the permanent results of selection of the best individuals for continuing the race. Only by constant selection of the best can race ever be improved."

District of Columbia. The Homœopathic Medical Society of Washington is very much alive and wishes to be recorded in the directory of allied societies. Drs. Swartwout and King were the representatives at the June session of the A. I. H. It is only when the meeting is east of the Alleghenies that the Washington doctors find it easy to go to the Institute.

Illinois. The Daily News Sanitarium closed its summer season with a good record. The cool weather diminished the attendance, but there was plenty of interesting and sadly needed work. Many of the cases have gone the rounds of the clinics and hospitals, and in some cases, a round of practitioners. The sanitarium is a last resort and so when relief comes, it scores for the Daily News institution. Every friend of the sick baby is invited to contribute to the new building fund. Mr. Gore, the newspaper man assigned to the sanitarium, told his stories so well that many a case reported in the

columns of the daily press was abundantly helped out by individual assistance.

The summer has been uncommonly cool and quiet. On remarking that the doctors had not been in evidence, one of the returning travelers said, "No, certainly not. They all have been out on the Coast."

The After Dinner Club is the first of the medical organizations to resume activity. The first meeting will occur at the Hyde Park Hotel, on September 30. Dr. Marie Hunt is hostess and Miss Mary McDowell, president of the Woman's City Club, will be one of the guests of honor.

Dr. Richard Street is installed as registrar at Hahnemann. Careful work for the new student body has been going on since last January. The prospect for the opening of the year is good.

Dr. B. A. McBurney, president, and Dr. Eugene Moulton, secretary of the Chicago Homœopathic Medical Society, present the first program of the year, on Thursday, October 21.

Drs. E. H. Pratt and Franklin Patterson announce removal of office to Suite 1708 Marshall Field Annex Building, 25 East Washington street.

Dr. Charles E. Sawyer has been in Chicago during the summer for conference on finances of the Institute.

Dr. Nelson H. Lowry announces removal of office and x-ray laboratory to the Marshall Field Annex Building, 25 East Washington street. Dr. Lowry has been doing excellent work in Roentgen ray work on the intestinal tract.

The interns at Hahnemann Hospital for the present year are Drs. Earngey, Hammond, Howard, Shipler, Waalkes.

The first Central States Conference on Social Hygiene will convene in Chicago October 25 and 26, in the Florentine Room of the Congress Hotel. The Advisory Committee for the conference is under the leadership of President Abram W. Harris of Northwestern University. A few of the well known names on the committee are: Miss Jane Addams, Mrs. Ellen M. Henrotin, Rabbi Emil G. Hirsch, Mrs. Raymond Robbins, Dr. Rachelle Yarros of Chicago, Dr. Rollin H. Stevens of Detroit, Michigan.

Minnesota. Drs. Joseph P. Cobb and George Royal were in Minneapolis recently in conference with President Aldrich.

Dr. Florence Richardson announces change of residence to 2513 Irving Ave., South, Minneapolis.

Nebraska. Dr. and Mrs. E. Arthur Carr of Lincoln announce the arrival of a daughter on September 2.

New York. Dr. E. Russell Sprague of Syracuse announces his removal on the second of September to 98 Clinton Ave., South, Rochester. Dr. Sprague will confine his work to the treatment of genito-urinary diseases, medical and surgical, including cystoscopy.

Ohio. Dr. T. T. Church, Treasurer of the Homœopathic Medical Society of Ohio, announces that \$350 of the loan made to the Ohio College has been returned to the treasurer of the American Institute of Homœopathy with the thanks of the Ohio society.

Pennsylvania. The Women's Homœopathic League, under the presidency of Mrs. William Alvah Stewart, lent their aid to the state meeting at Buena Vista Springs. This organization enlists not only the wives of the medical men in Pennsylvania, but the medical women of the state.

Dr. C. Winfield Perkins, New York City, recently visited Easton and delivered an illustrated talk on "The Fluoroscopic Screen and the Radiographic Plate in the Diagnosis of Medical and Surgical Lesions of the Alimentary Tract." The meeting was held at the office of Dr. W. W. Seibert and everybody expressed a keen interest in this new and fascinating field of diagnosis. The talk was illustrated with fifty slides showing various pathological conditions.

Washington. Dr. Richard Brunjes has located in Dayton. Hahnemann of Chicago is well represented in this territory.

CHANGES OF ADDRESS

From Membership List in JOURNAL, November, 1914.

Moved to

Barnes, Florence.....	6150 Kenwood Ave., Chicago, Ill.
Booth, Albert E.....	2604 So. Fremont St., Minneapolis, Minn.
Dudley, Erwin F.....	Sandwich, Ill.
Hildebrant, Hugh R.....	Dundee, Mich.
Johnson, Bertram	Eureka, Kas.
Johnson, Edith.....	904 Paseo St., Kansas City, Mo.
Knox, Sherman S.....	4620 Indiana Ave., Chicago, Ill.
Lee, Wesley T.....	220 Clarendon St., Boston, Mass.
Lowry, Nelson H.....	25 E. Washington St., Chicago, Ill.
Pickard, Orlando W.....	482 Grand River Ave., Detroit, Mich.
Pratt, Edwin H.....	25 E. Washington St., Chicago, Ill.
Quenzer, John F.....	2815 N. Racine Ave., Chicago, Ill.
Raue, C. Sigmund.....	1431 Spruce St., Philadelphia, Pa.
Rice, Jesse A.....	3815 E. 14th St., Oakland, Cal.
Richardson, Florence A.....	2513 Irving Ave. So., Minneapolis, Minn.
Snyder, Edw. E.....	124 Murray St., Binghamton, N. Y.
Sprague, E. Russell.....	98 Clinton Ave. S., Rochester, N. Y.
Sturges, Gertrude E.....	Hotel Comstock, Moorhead, Minn.

OBITUARY

What has it all been for? For the knowledge that makes life richer, for the friendship that makes life sweeter; for the training that brings power.—Briggs.

Herbert Alexander Harrison, M. D., Utica, N. Y. April 11, 1871—August, 1915. Dr. Harrison was graduated from the New York Homœopathic College in 1895 and joined the Institute two years later. His specialty was eye, ear, nose and throat.

Lewis Sherman. (Additional J. A. I. H., Sept., 1915, p. 298.) Dr. Sherman was born in West Rupert, Vermont, Nov. 25, 1843. He was graduated from Salem (N. Y.), and received the degree A. B. from Union College, Schenectady, 1865; M. A. from the same college in 1868; M. D. from the Medical Department of the College of New York, 1870. From 1870 he practiced medicine in Milwaukee. He was a member of several civic societies, at one time president of the Wisconsin Homœopathic Medical Society, and for several years president of the Mycological Society of Wisconsin. *G. S.*

SOCIETY PROGRAMS

American Association of Clinical Research. James Krauss, secretary. Seventh Annual Meeting, Sept. 23. Hahnemann Medical College, Philadelphia, Pa.

- Medical Inspection of Indoor Workers and School Children.....
Roger M. Griswold, M. D., Kensington, Conn.
 Blood Pressure: Some Clinical Observations.....
F. C. Askenstedt, M. D., Louisville, Ky.
 Biochemical Problems.....
Frederick W. J. Lenz, M. D., Castleton Corners, N. Y.
 A Clinical Study of 529 Cases of Cancer Subjected to Surgical Ion-
 ization.....G. Betton Massey, M. D., Philadelphia, Pa.
 Carcinoma: Experimental Etiologic Investigation: Summary of Facts
 Elicited.....Howard Wilbert Nowell, M. D., Boston, Mass.
 Cancer of the Urinary Bladder: Diagnostic Researches: Stereo-
 scopic Illustrations.....Leon T. Ashcraft, M. D., Philadelphia, Pa.
 Lupus: Demonstration.....Dr. David Genese, Baltimore, Md.
 Beriberi.....G. B. B. Larkeque, M. D., Brooklyn, N. Y.
 The X-Ray in Exophthalmic Goitre.....
John Francis Herrick, M. D., Ottumwa, Ia.
 The Prolonged Use of the Roentgen Ray.....
Arthur W. Yale, M. D., Philadelphia, Pa.
 Static Electricity: Its Uses in Medicine.....
William Benham Snow, M. D., New York, N. Y.
 Mechanical Vibration: Its Uses in Medicine.....
Mary L. H. Arnold-Snow, M. D., New York, N. Y.

- Effect of Spinal Adjustment on Toxemia.....
Dr. R. Kendrick Smith, Boston, Mass.
- The Fluoroscopic Screen and the Radiographic Plate in Diagnosis of
 Medical and Surgical Lesions of the Gastro-Intestinal Tract:
 Stereopticon Illustrations.....
C. Winfield Perkins, M. D., New York, N. Y.
- A Statistical Review of 3,500 Rectal Cases.....
Frederick H. Williams, M. D., Boston, Mass.
- Pruritus Ani, Vulvae, Scroti: Etiology and Successful Treatment.
Orlando R. von Bonnewitz, M. D., New York, N. Y.
- Research Work with Radium: Some Practical Points.....
John M. Craig, M. D., Philadelphia, Pa.
- Some Research Problems in Medicinal Therapeutics.....
Walter E. Reily, M. D., Fulton, Mo.
- Some New Studies of Drug Addictions and Their Treatment.....
Thomas D. Crothers, M. D., Hartford, Conn.
- The Proper Use of Drugs..Daniel E. S. Coleman, M. D., New York, N. Y.
- The Inadequacy of Present Diagnostic Methods.....
Philip Rice, M. D., San Francisco, Calif.
- The Value of Constitutional Landmarks in Clinical Diagnosis.....
J. Gutman, M. D., Brooklyn, N. Y.
- Diagnosis of Latent Tuberculosis by Means of the Gamma Rays and
 the Thermometer.....A. J. Wright, M. D., Akron, O.
- Tuberculosis: A Report of Several Hundred Cases.....
Jefferson D. Gibson, M. D., Denver, Col.
- An Interesting Case of Gunshot Wound of the Head: Illustrations
George W. Mackenzie, M. D., Philadelphia, Pa.
- The Radical Mastoid Operation: Diagnostic and Therapeutic Indi-
 cations: Stereoscopic Illustrations.....
Gilbert J. Palen, M. D., Philadelphia, Pa.
- Lithopedion: Specimen.....Grover Phillips, M. D., Denver, Col.
- Caesarian Section: A Series: A Plea for the Classical Operation..
Alonzo J. Shadman, M. D., Boston, Mass.
- Some Results from Ovarian Implantation in the Uterine Cornua....
George L. Monson, M. D., Denver, Col.
- Scientific versus Speculative Medicine.....
James Krauss, M. D., Boston, Mass.

BOOK REVIEWS

Cancer: Its Study and Prevention. By Howard Canning Taylor, M. D., Gynecologist to the Roosevelt Hospital, New York; Professor of Clinical Gynecology, Columbia University; Member American Society for the Control of Cancer, etc. 12mo, 330 pages. Cloth, \$2.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The author enumerates "two ways by which the problem of cancer is to be approached: by the acquisition of more information regarding the disease; and by a better use of the facts now in our possession."

The acquisition of more information regarding the disease does not appear to be very encouraging. For after a most careful search and rearrangement of all available pathological and surgical record, the author concludes, in discussing cancer of the tongue, "Removal of growth is the only chance of cure" including "submental, submaxillary and jugular chain of lymphatic glands in both sides of the neck," and even then "end results are unsatisfactory."

"A better use of the facts now in our possession" should prompt the surgeon to enlarge his vision to include the possibilities in x-ray and radium therapy. One surgeon of wide reputation has conceded that "every case of cancer should receive the benefit of every surgical procedure, *including x-ray.*"

It is quite true that by "early surgical interference favorable results can often be obtained with small risk." It is also true that if every deviation from health is *eradicated early*, many a case will escape even surgical interference with small risk. For a glimmer of hope in the alleviation of the profound anguish of cancer, the reader is referred to Dr. Stevens' article in this issue for a practical suggestion on the better use of the facts now in our possession. *S. M. H.*

The Principles of Human Physiology. New (2nd) edition. By Ernest H. Starling, M. D., F. R. C. P., F. R. S., Jodrell Professor of Physiology in University College, London. Octavo, 1271 pages with 566 illustrations, including 10 in colors. Cloth, \$5.00, *net.* Lea & Febiger, Publishers, New York and Philadelphia, 1915.

Only three years since the first edition was published. And yet physiological research moves on so fast that whole sections have been added, notably on nutrition of the brain and innervation of the bronchi. Other sections, as those on voluntary muscles and the circulation, have been rewritten in order to incorporate the important new matter. A revised work on physiology is as important as a revised medical dictionary.

S. M. H.

The Right Thing.—It was several days after arriving home from the front that the soldier with two broken ribs was sitting up and smoking a cigar when the doctor came in. "Well, how are you feeling now?" asked the latter.

"I've had a stitch in my side all day," replied the wounded soldier.

"That sounds all right," said the doctor, "it shows that the bones are knitting."

Tommy Set Right.—Corporal (to soldier reporting sick)—What's the matter with you?

Tommy Atkins—Pain in my habdomen.

Corporal—Habdomen be 'anged! Stomick, you mean. It's honly hofficers as 'as habdomens.

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THE SCIENTIFIC METHOD OF DRUG PROVING*

By Ralph R. Mellon, M. D., Ann Arbor, Mich.

The subject matter of this paper assumes three things: that the old ways were good ways, but not of necessity the best; that the law of similars was not a truth presented by God to Samuel Hahnemann, and incapable of further development; that progress is the law of life.

As I understand it, our homœopathic materia medica is made up of symptoms culled from several sources: first, from the proving of drugs on healthy persons; second, from records of poisoning with these drugs, and third, reciprocally, by assuming that symptoms which disappeared during the course of the administration of a drug must, in susceptible individuals, have been produced by that drug.

Our materia medica was evolved during a period which precluded the possibility of obtaining reliable foundation for prescription from any other sources. Latterly, the advances in some of the important collateral branches of medicine have opened up avenues of approach to a drug's action not dreamed of in the earlier days. The development of physiology, bacteriology, organic and physical chemistry and immunity are the principal subjects to which I refer.

Practically the old method of eliciting symptoms by the administration of drugs to healthy persons grows more difficult every day for several reasons. Homœopathic sentiment and conviction are not so strong as in the early days, and consequently, students are not desirous of becoming experimental animals. Guinea pigs cost from 50 to 75 cents per, and rabbits can be bought for twelve cents per lb., and in some mysterious way, students have become apprised of these facts.

*Bureau of Clinical Research, A. I. H., 1915.

Under the most favorable conditions, students will not permit the proving to be carried to a point where much really could be learned. At the first approach of symptoms, the drug picture becomes vastly modified by the emotional reaction. In control cases, I have noted some remarkable symptoms develop from the use of distilled water, while some who were really taking a drug evinced no disturbances when assured that they were taking nothing but distilled water. My experience is limited to students at the University of Michigan. They may have more convictions in other places, more devotion to homœopathy, and in such a case, the subjective symptoms would be of more value. In my proving of thymol some years ago, I had at least two men who convinced me that they really suffered serious inconvenience from that drug. Clinical verification of their findings by Dr. Bukk Carleton of New York was gratifying, to say the least.

Notwithstanding the fact that this method is not so utilizable as formerly, it deserves priority when investigating a new substance. It is merely the method of going from the general to the particular and since the scope of the latter has expanded so greatly in past years, it behooves us to know at least what particular field of the drug's action we could investigate with the most profit. By the older method we could determine the spheres of activity of drug action, and minute investigation could be followed with the more detailed methods at our command. But in view of the fact that we have something over 400 drugs in our materia medica, the framework of which has been worked out by our predecessors. I believe that there is little use in hunting new drugs unless one of the significance of radium appears.

There are enough drugs partially proven, and there are so many problems to be worked out regarding the administration of these that I believe we shall not suffer a great deal by discarding for the present the subjective method in drug investigation. The symptomatology of the drugs which we have is in need of revision, and what objective findings are incorporated in the provings, need expression in the terms of modern science.

For example: If a urine deposits a red sediment, we should know quite specifically what that sediment is. If there is an impoverishment of the blood, we should like to

know the exact nature of it in accurate terms. If suppuration is produced, its grosser characteristics should be expressed in terms of the exudate that the student's knowledge of pathology enables him to appreciate. A sticky exudate may be due to several constituents. The organisms producing such exudates can often be inferred from an accurate description of their character. And after we have proved that echinacea is a remedy *par excellence* in streptococcic infection, while hepar sulphur works better in staphylococcic, our formulation of such facts is more intelligible than to say that one drug works better in thin pus and another is indicated in the thick variety.

Medical terminology is vast enough without having a perfectly independent dictionary for our principal study. In case the subject matter overlaps, it is well that the terminology should be identical in proportion.

This is no reflection on the older way of doing things. The men of one hundred years ago did the best they could with the tools they had, and if we do the same with the tools we have, it will require more effort than has been put forth yet. No one casts any reflection on a horse and buggy as a means of travel, even though he may prefer an automobile.

As I have insinuated, the newer working tools of bacteriology and immunity make possible the application of methods of great promise in our particular lines. To be concrete, phosphorus is one of the drugs which we all prize in tuberculosis. The recent activity regarding lipoids and lipases and fatty metabolism gives wonderful opportunity for experimentation with this drug. No poison is more intimately connected with fatty change than phosphorus. It has been conclusively demonstrated of late that one of the principal means of reaction of the body to tuberculosis lies in its production of lipolytic ferments by the lymphocytes. The solution of the protective wax envelope of this again lays it open to destruction by the lymphocyte. Staining reactions of the lymphocytes bring out beautifully their ingestion of the waxy products. Most of the beneficial therapeutic agents against tuberculosis, including sunlight, fresh air, tuberculin, etc., are prominent stimulators of lymphocytic production. It would be an exceedingly interesting piece of information to know if phosphorus acted in this way. Wheeler of London claims to have

shown that it increases the opsonic index to the tubercle bacillus. If the lymphocyte is the real agent acting against this organism, and as lymphocytes are not usually phagocytic, and since Wright's opsonic estimations regarding this organism so often conflict with the clinical course of the disease, it would seem of much more promise to work with phosphorus for the production of lipolytic activity.

The relation of phosphorus to the anemias is also interesting. Much work has been done recently with organic phosphorus in anemias with persons of a neurasthenic base. Russian experimenters have worked much with phytin, a form of plant phosphorus, in the successful treatment of such conditions. They have always recorded in detail the morphological and hemoglobin changes, etc., in the blood. In their own language, they attribute the change to a pharmacodynamic action of the phosphorus. Lecithin has also been experimented with in this connection. It has long been known as an activator of ferments, and these changes have been shown to come about as the probable action of phosphorus on the nervous system.

Rhus toxicodendron has long served as a prophylactic in rheumatism and last year I had the pleasure of meeting a layman, who for years has protected himself from *rhus* poisoning by chewing an occasional leaf of it. This procedure was made necessary by the fact that he had several fields in which the plant grew, and for years was subjected to attacks of poisoning, until he learned the secret of its prevention. I saw him eat a couple of leaves, which he did for my special edification. Since septic sore throat and rheumatism and the multitudinous sequelae of the streptococci have become apprehended, investigations of this drug might be exceedingly profitable in this connection.

And since the lymph-gland conditions, tonsillitis and the affections of the blood organs have become so prominent, the study of the baryta salts, *ceanothus* and kindred remedies would bear systematic investigation. If one could discover the relation of baryta carbonica to arteriosclerosis it would be definite light on one of the most distressing problems of our day.

There has already been work done by the other school with *rhus toxicodendron* regarding antibodies produced in

the serum. The preliminary reports appeared some time ago, but conclusions have not been definitely reached, so far as I know. The work done by Dr. Hooker of Boston regarding the production of complement fixation bodies with bryonia, baptisia, bichlorid of mercury and other drugs against the organisms of the typhoid-dysentery group is commendable, and very suggestive if it can be confirmed. The work of Dr. Burrett and others in this line is well known to you all.

The Abderhalden test, as well as other ferment work, opens up possibilities that are perfectly stupendous. Anaphylactic phenomena have unexpectedly thrown light on the various food and drug idiosyncrasies, and we can at least begin to resolve them in terms of things about which we know a little.

I don't know that there is need for further multiplication of examples. I have indicated in a general way how I think drugs should be worked out, and it is not necessary to produce grave symptoms to learn their therapeutic action.

Processes of immunity go behind the microchemical staining reactions of pathology, and their phenomena are too delicate to be recognized by these grosser methods. It is in this fact, more than any other, that I justify the use of these methods in studying drug effects. Homœopathic therapeutics has always been at war with pathology, because the latter recognized changes too far advanced for curative drug action. Immunity eliminates all that, and this should be the most potent factor we have in apprehending drug action which formerly we have been pleased to call dynamic.

There is another aspect of this subject on which I should like to speak briefly, because it is so fundamental. One can scarcely think of this work without associating it with three things. These are adequate clinical facilities, endowed laboratories, and experienced workers. These laboratories should be connected with hospitals. The day has passed when we study dead pathology alone. We shall in the future study a living pathology, with, of course, a study of immunity.

We must have patients to work with as well as animals. The laboratory can be divorced in no sense from the bedside. Its findings for the most part are to be interpreted in the light of the clinical picture.

Unless we are willing seriously to go about obtaining ample endowment for our laboratory facilities for the use of

hospitals, particularly in connection with the schools, but also with the isolated institutions, nothing can be more fatuous than to talk about drug proving. The entire matter becomes a travesty unless we apply scientific methods to its investigation. Any laboratory of the kind connected with a first class teaching institution should have a working endowment of at least \$250,000.

And, naturally, the men working in such an institution must have the aptitude and training for work of this kind. A man who devotes himself to this work can seldom practice medicine and politics on the side, in addition to spending half of his time chasing a golf ball. And competent research men should receive something of an adequate compensation for their services. The opportunities in this line are getting plentiful enough, so that the only consideration under which efficient men can be obtained is by adequate remuneration.

Naturally, such organization must have logical division. No one man can be an expert pathologist, bacteriologist, and biological chemist all in one. That day, like many others, is past.

It is a discouraging thing to attempt to raise money for a project of this sort even among men with a rich clientele. Many of them are so persistent in asking one why he does not accomplish this, that and the other thing, that while one cannot censure them, he often questions just how serious they are. So, unless institutions can furnish the essentials in men and money to carry out work in drug proving that will be at least semi-intelligent, they can never be expected to be taken seriously, at least in this very important respect.

Vague ramblings and dreams, and ruminations about drug proving never accomplished anything, and although this aspect of my paper has been placed last, it must be practically the *alpha*. Otherwise all the papers we read and all the talk we do, and all the beating of the air about the law of similars will scarcely repay us for the energy we spend.

Discussion

Dr. Dewey, Ann Arbor, Mich.: Dr. Mellon started in giving the variants of the materia medica for the last one hundred years and stated, very truly, that the methods of Hahnemann of one hundred years ago and the methods of today are two different things. But all

down through this hundred years there have been improvements. At the time Hahnemann first proved drugs, for instance, the stethoscope was unknown. Along about 1830 we read of provings of drugs in which we find in our symptomatology certain rôles described as being coarse rôles or fine rôles or simple rôles. Hahnemann knew nothing about that. There was an improvement from the time that Hahnemann first proved drugs to 1830. After another twenty years we find still other improvements in our proving methods, made necessary by the advent of new instruments of precision. Dr. Bellows, as you all know, some ten or twelve years ago issued a work known as the Model Proving of Belladonna; a fine work, but at the time Dr. Bellows issued that work bacteriology was not what it is today, nor urinalysis what it is today. Now as Dr. Mellon has said, the methods are improving and the methods of today will be improved in twenty years more and perhaps the disputants twenty years hence will look back at Dr. Mellon's paper and find out he was simply going along the line the same as the rest of them were. He speaks of the difficulties of drug proving. It is a serious question whether students of medicine make the best provers. The student of medicine who has to crowd into his curriculum of four years all the studies demanded today, is not, I believe, the best material for proving drugs.

Dr. Mellon speaks of giving water to some students and producing symptoms. That, of course, should be a part of the health record. If we find a student so imaginative, better eliminate that prover, or at least hold his proving in abeyance until it has been verified by some other prover. Laboratory findings and psychology will have to be taken into consideration.

I believe there is another field in which we might do good work, and that is in proving the preservatives of our serums. You buy a bacterial serum or a vaccine. It comes in a sealed tube. You open the tube. What do you smell? Tricresol nearly every time, because many of those vaccines are preserved by tricresol. There is a fellow down in Cincinnati, and another in Rome, Italy, who say the benefits of tetanin or the antitetanic serum are due to the tricresol in it. Whether that is so or not, it opens up a field of investigation.

The question of barium is being worked out. There has been a start made in the proving of loco weed, comparing it with the barium investigations issued by the United States Department of Agriculture. The proving of that drug is now going on. I have in my pocket a report which I received this morning from the Chairman of the American Institute of Drug Proving. There have been some provings made this last year, to be added to the nineteen provings of loco weed, which we already have, but which have not been published.

Dr. Carmichael, Philadelphia: As a teacher of materia medica I am delighted with Dr. Mellon's paper. The Homœopathic Materia Medica dependent as it is upon the treatment of individuals and not diseases, is based upon the determination of drug pathogenesis primarily upon healthy human beings. We cannot relegate this to guinea

pigs or any of the lower animals. These are made use of to endeavor to obtain the ultimate pathogenesis of a drug which might correspond with the ultimate product of disease as found in the individual. In the past some valuable remedies have been discredited and condemned because their effects could not be demonstrated upon the lower animals. In 1907 Hobart Hare of Philadelphia, editor of the *Therapeutic Gazette*, had an editorial upon the therapeutic value of cactus, in which he went into an elaborate statement and ended by saying that the drug was worthless because they could not produce the heart symptoms, ascribed to it, upon the lower animals. I wrote Dr. Hare a letter which he published the following month in which I took exception to his article, because the effects of cactus for which it is mainly valuable in heart disease, are largely functional and can be determined only on the human being who alone can give expression to such symptoms as the binding sensation around the heart, etc.

On the other hand we take such a remedy as bryonia and give it to healthy human beings until we have produced results down to the danger line (which is about the bifurcation of the bronchi). We can't go any further with our provers. We are justified then in taking animals whose normal morphology is similar, and we push the drug until we get hyperemia of the lung and fibrinous exudation. We are then justified in saying that this is part of the proving, or that bryonia is homœopathic to some cases of pneumonia. The animal experimentation has thus completed the picture of the causative effects of bryonia but it is only supplementary and cannot take the place of the provings on human beings.

To use the language of the preceding paper, morphologically our students have developed into such a state of mind that they require laboratory experimentation in their study of *materia medica*. It is doubtful that they will make better prescribers through such studies. Prescribing is an art and not a science. One who possesses extreme scientific knowledge may not make a better homœopathic prescriber than he who with less attainments in general science, knows how to take the symptoms that were produced in a proving and apply them to a patient who comes along with a similar diseased condition. The same language may have expressed the drug pathogenesis that the patient now uses to convey the manifestations of his ailment. The physician is the artist who applies the appropriate remedy to the symptoms which are the expression of the disease in the patient. *You cannot prescribe scientifically for diseases as such. You may elaborate all the refinements of the laboratory and spend years in that kind of work, but if you are going to preserve homœopathy you must prescribe for the symptoms of the individual patient and not for a supposed pathological entity named a disease. After all has been done, I don't believe that you will be able to do any more magnificent work than was done by the older homœopaths under the old nomenclature.* [Applause.]

The Chairman: Science refined or unrefined deals with known ele-

ments only. As soon as a person begins to deal with unknown or unknowable elements he is not scientific, he is theoretic, and many a laboratory worker is nothing but an ingrained theorist.

Dr. Rice, San Francisco: I am sorry I have to take issue with Dr. Mellon in his conception of what constitutes a scientific drug proving. Far be it from me to belittle the achievements of the modern laboratory, the real achievements; but I have a strong belief that much of what the laboratory has done has not been for the best interests of our science. The mode of the experiments, the results which are obtained, all tend strongly to a materialistic conception of disease and to the employment of materialistic therapeutic agencies. This is in direct variance with Hahnemann's conceptions of both disease and the curative properties of drugs. He taught that both were dynamic. And right here may possibly lie the cause of the lack of interest so many of our students, and physicians too, have in the strict homœopathic method. The laboratory idea being the dominant idea, and the dynamic theory incompatible as well as unpopular it falls by the wayside and is forgotten. The age-old quarrel between the pathologist and the so-called symptomatologist has not been on the ground of the latter's disdain of pathology, but rather that he refused to recognize the claim of the former that pathology supplies a rational basis for a prescription. The modern laboratory worker's methods undoubtedly lead us to base our therapeutic system upon the generic facts of disease and upon material and gross changes in tissue. This causes us to overlook, if not actually to deny the importance of the finer facts of purely dynamic changes, and those that belong strictly to the individual. A drug proving made on the basis outlined by Dr. Mellon cannot possibly reveal to us all that should be known of its action.

And this leads me to take issue also with my esteemed friend, Dr. Krauss, when he says that a scientific proving consists in finding out all that is knowable of the effects of a drug. It is surprising to hear this modern Aristotle talk about settling a matter scientifically and ignoring the element of cause, considering only effects.

Some months ago I made a proving of *rhamus Californicus* on six medical students. Two developed head and mental symptoms only; two cardiac symptoms and two urinary and sexual symptoms. Now why this difference in reaction. Does anyone mean to say that by simply gathering up these effects we can have a scientific proving? Can anyone possibly go so far astray from ordinary scientific methods as to say that the conditions causing these variations in reaction are immaterial in the consideration?

But to return to a discussion of the laboratory drug provings: Has it ever occurred to you how valueless are those symptoms which are discovered with the aid of the ophthalmoscope, the microscope, the test tube, and what not, to the man who does not know how to use these instruments or who has no up-to-date laboratory equipment? And does it not follow that the more symptoms discovered in this way, that we put into the record, the more cumbersome we make the *Materia Medica*?

Of what value is that symptom in the record which I observed with the ophthalmoscope to ninety-nine out of every one hundred physicians who do not know how to use the instrument? But granting that we can all know how to employ scientific laboratory methods, what do we gain if we ignore that which lies behind effects we observe? I cannot too strongly insist upon the importance of the study of organization in our problem of drug proving and of materia medica. Until we have a knowledge of the character of the organization of a prover we can have none concerning the reactions which take place. When we do have this knowledge then shall we be able to transfer this matter of prescribing from the realm of art over into the realm of science where it really belongs.

The Chairman: I believe that when all the knowable effects of a drug will have been found there will be nothing else to be found, but I think it is due to Dr. Rice to say that he has put his finger upon the defect of the Bellows' proving. The failure of the Bellows' proving lies in the insistence upon the objective phenomena of the drug rather than upon the subjective phenomena and the failure of it is here, that objective phenomena are conducive to diagnostic purposes rather than to therapeutic purposes and subjective phenomena are more conducive to therapeutic purposes than diagnostic purposes for this simple reason, that the subjective phenomena is the expression of the whole, the objective phenomena is the expression of only a part, a locality of that man.

Dr. Hooker: Relative to the statement made by Dr. Rice concerning the use of modern instruments of precision which are of no use to the general practitioner, is that the fault of the laboratory man?

Dr. Rice: To be sure it is not the fault of the laboratory man; but it is obviously impossible for all to be expert laboratory men. And granting that what is discovered in the laboratory is in strict keeping with science, the fact remains, that as a great majority of us are very ignorant of laboratory ways, these discoveries have little or no value for us. A stronger argument against the domination of the modern laboratory, however, lies in the fact that here only effects—results—are studied; and since these may or may not throw any light whatever upon morbid processes the methods are of doubtful value. Especially is this true when applied to the study of materia medica, or its development, since we have demonstrated the fact a thousand times that character of organization modifies character of the effects. This, it seems to me, makes the study of human morphology absolutely necessary in order to grasp the full meaning of the facts revealed to us by the modern laboratory methods.

Dr. Nesbit, Bryn Mawr, Penna.: Dr. Mellon is to be congratulated upon his paper. Its intrinsic merit reflects thought and work combined. In a friendly way, he has also "started something" in discussion of a technical principle of fundamental significance. In every scientific procedure there are two technical elements involved, principle and procedure. We must not lose sight of either.

I heartily agree with Dr. Mellon in the emphasis he puts upon the practical importance of studying the experimental effects of drugs along lines parallel to those upon which we pursue our studies into the natural history of disease. If we do not thus parallel these two lines of investigation, the two groups of experimental data are incomparable and more or less unintelligible to men and women who are taught medicine by modern clinical and laboratory methods. This point was emphasized and illustrated by the speaker in a paper read before the German Medical Society of Philadelphia, entitled "*Similia Similibus Curentur. The Comparative Method of Studying the Action of Drugs. An Illustrated Study.*" It was a fragmentary study of the similarity of pathogenic effects between arteriosclerosis of the Moenkeberg type and barium chlorid. It was published in the Hahnemannian Monthly for November, 1910.

From this same standpoint of practical importance, I take friendly issue with Dr. Mellon as to the relative significance of subjective symptomatology. With the introduction of laboratory methods into our later drug studies, there is a disposition to minimize the importance of subjective symptoms which the practical considerations of the case do not warrant. The practical difficulties encountered in attempting to establish the trustworthiness of subjective phenomena do not relieve us of the responsibility for checking up the mere say-so of the prover by a scientific technic. It is quite true, as Dr. Mellon has suggested, that the mental attitude of a prover when taking a drug experimentally may determine largely his productiveness of symptoms. The same may be said as to his functional activity as evidenced by such objective signs as food and liquid consumption and excretion, nervous reflexes, etc. I have found, by actual experience, that one of the most "productive" men in a series of provings extending over a period of thirty consecutive days was a "control" subject, who had not received a single drop of the drug at any time. The technical difficulty of controlling these subjective phenomena does not permit us to disregard them.

On the other hand, the laboratory technician may not have too much confidence in his objective phenomena ascertained by instruments of mechanical precision, if he will constantly bear in mind that this very precision is but relative. Even in our very exact blood work there is a considerable element of error due to technic. With dead animal tissue especially there is so much allowance to be made for the artificial conditions under which the cells are examined, that we need fear constantly lest some clever mechanic may invent a farther seeing instrument over night, which will completely overthrow the hypothetical superstructure we have painfully erected upon our more limited vision of the ultimate (?) cell. Practically, we are forced to depend very largely upon our observations of functional activity, rather than tissue changes. This functional activity is no less subjective than objective in any subject of experiment. Certainly, we may not ignore the subjective phenomena in the human subject, be

that subject under conditions of experimental or natural disease. The trend of modern medicine is to emphasize the importance of the subjective phenomena of diseases, and to analyze them by scientific psychological procedure. We can hardly afford to be less scrupulous in our experimental drug pathogeneses.

There appears to me to be some confusion here again in the use of the terms "art" and "science." The study of drug pathogenesis may quite possibly be considered a science. But, applied therapeutics continues to be an art for the simple reason that under no circumstances *can* the conditions of the application in two instances be identical. In every application of pathogenesis to disease we have at least two personal equations—two irreducible factors—to deal with, the patient and the physician. We may investigate the effects of drugs or of diseases scientifically; and we may discuss the science of a disease's natural course; but in the application of one group of facts to the other we are necessarily limited to the conditions of a scientific art, or an applied science only. The practical distinctiveness of each natural or drug disease makes it imperative that we substantiate the subjective phenomena, rather than ignore them.

Dr. Mitchell, Chicago: Dr. Mellon has outlined the scientific method of drug proving. He is not required to say anything about prescribing or about the art of medicine. I commend Dr. Mellon's paper because I believe in the perpetuation of homœopathy and I believe that it is through just such young men as he is that we are going to dignify homœopathy and perpetuate it. The scientific method simply means something definite. In the laboratory the various clinical instruments of precision are devised for the purpose of telling you something that is definite. I am not satisfied to take up a book on homœopathy and read the bald, indefinite statement that such and such a drug produces "cloudy urine." How do I know what cloudy urine means? I have been examining urine for thirty years and can't tell you now what cloudy urine means unless I examine this urine, and I want to know whether a drug produces a disturbance of function, or whether it causes real pathology.

Dr. Aurand, Chicago: We must study drugs from the pathological standpoint, the affinity of the drug for the individual and the dynamic force of the drug.

Dr. Hooker, Boston: A large part of this discussion has focussed on the question whether subjective or objective symptoms are of more value in diagnosis and in prescribing. Subjective symptoms have formerly been favored because among them have been found certain "rare and peculiar" symptoms which have been taken as representative of the individuality of the patient. Objective phenomena have fallen into disfavor because they have seemed to be largely those symptoms which are supposedly common to many conditions, hence of little value in prescribing. May I suggest that this may be due to lack of study in differentiating objective symptoms both of drug and disease origin; that this in turn has been due to lack of delicate methods of precision,

which now are being brought to a comparatively high grade of efficiency with the progress of biochemistry and immunology.

We certainly ought to know everything possible about drugs. In studying drugs, why not use modern methods of approach which are so remarkable as indicators of specificity, especially when we are trying to establish the specific relation of drugs to disease? Why take the attitude that subjective symptoms *must* be pre-eminently the future basis of drug study and prescription, when the diagnostic and therapeutic possibilities of specific, almost pathognomonic, objective phenomena are just unfolding? The whole question is one of practicability. The task in the subjective sphere is rendered difficult because subjective phenomena are so largely under the control of the prover, and subjective symptoms are so frequently manifested in suggestible control provers. Serologic and tissue changes, on the other hand, are not under such mental government, so they could not so frequently be rendered invalid by that factor.

Dr. Donald Macfarlan, Phila.: We learn a great deal by discussion. For methods of cure, Hahnemann's methods cannot be improved upon, even in the light of modern science. Rocco Rubini was mentioned. I have his work, which was sent to Dr. Lippe in 1855. In the Naples epidemic there were three hundred and sixty-five cases of true cholera treated by Dr. Rocco Rubini, and he never lost a case. Just now, in Austria, cholera has broken out and they are losing sixty-seven per cent of the cases in spite of the fact that they have the best men in Vienna treating those men with microscopes and everything else.

Dr. Hastings, Chicago: There is one aspect of Dr. Mellon's paper that I would like to defend—animal experimentation. Any science must meet the question of *why* and *how*. We have had to wait for the microscope. We have had to wait for bacteriology, and we may have to wait for other things yet before we know what we should. In the meantime, all we can learn about drug action and all we can learn about immunity and the relation of drug action to immunity is valuable, and much of it must be done on animals. No science can stand still; it will have to be studied; the "why" of it must be studied. This is realized by no one better than the teachers of science in our colleges, and our future students are in their hands.

Dr. Stearns, New York: I would like to ask Dr. Mellon to make an experiment with that man who could chew rhus tox. Dr. Spencer Carleton knew a man who could chew rhus tox in that way, and was bragging of his ability to withstand its effect. Dr. Carleton gave him one dose of c.m. and the next time he tried it he got the worst case ever. He can't go near poison ivy since.

The sole purpose of proving is to find out something about a drug that you can use in prescribing. Kent says: "One cannot *memorize* materia medica but one can *learn* it. He who undertakes to memorize materia medica must ignominiously fail." That epitomizes what we know about learning materia medica. I believe in all that Dr. Mellon

has said, but I feel that he has transposed the importance of the various elements of his paper. All of these laboratory findings are important because they are all concerned with the drug itself. But remember this: all the provings worth while that were proven in Hahnemann's time and since that time were obtained long before any of the methods that are of the laboratory were in existence. That is true of belladonna. None of us uses the new proving. All that is essential is in the old proving.

Dr. Mellon (closing the discussion): My paper had as its object the suggestion of methods for the extension of work which Hahnemann initiated some one hundred years ago. That was the *theme* of my paper. Many things have entered into the discussion which, in legal circles, could be classed as irrelevant testimony. Many of the things said are profitable and I am glad to hear them, even though adverse to my own opinions. Other testimony has been entirely beside the point and treated of issues which did not receive mention in my paper. One I simply touched upon, and that one, it has been impressed upon me, has been the matter of animal experimentation. That is a thing that I did not discuss. I mentioned it as being one of the reasons why students are not as enthusiastic about the provings on themselves as they might otherwise be. Other discussion went off into the realm of metaphysics.

My viewpoint in regard to the relation of pathology and symptomatology is simply that there is a very close relation between pathology and symptomatology, that is, between tissue changes and symptoms, which we, in many instances, are not able to determine with our present methods of discovery. I believe that symptoms are merely an expression of change in some part of the organism. I can't conceive of it in any other way. You may say, of course, that a certain drug will affect a person so that he will respond, or his ego will respond. I don't see how you can arrive at such a fine distinction as that. How can one's ego be affected except through the medium of the physical substratum in which the ego is supposed to reside?

One speaker said there was considerable difference between the art of medicine and the science of medicine. We all agree, but recent investigation, particularly in the field of psychology, ought to have thrown some light on that. Possibly we have made some mistake in drawing deductions in regard to the action of remedies on a person's ego. The thing to which I refer is Freud's method—his psycho-analysis as a means of determining the cause of certain symptoms the resultant of hysteria. Freud claims that most of these symptoms have their origin in the sexual field, and, although that contention is open to dispute, we all know there are certain cases of traumatic neurosis and paralysis due to nothing else than hysteria, and which can be alleviated and cured; cured permanently, Freud says, by this method of psycho-analysis. If that is true, then we must determine absolutely in a case of this kind, or in a case of any functional derangement, whether that person has an hysterical base or not. If he has an

hysterical base, and you give him a drug to cure that thing from which he suffers, it is not scientific and it is not wise to make the deduction that your drug has affected his ego and so cured him of this paralysis, because we know absolutely and incontrovertibly that he can be cured by methods which do not use drugs; that is, by the psycho-analytic method.

Another thing on which I would like to lay stress—a point which was brought out by one of the discussants and which really hasn't a great deal to do with the paper, but is a point made many times—the relation of tricresol as a preservative of vaccines and serums to the cure of the conditions they purport to treat. Tricresol *may* have some effect, either adverse or otherwise. If tricresol has such a wonderful therapeutic range as to cover all the varied conditions that the vaccines and serums are supposed to cover, we should take up tricresol and use it as one of our prominent polychrests.

Dr. Rice made a remark about the unscientific character of my conception of the scientific method of drug proving. Particularly from the fact that he previously discussed the idiosyncrasies, I would just like you to bear with me long enough to cite one instance of the scientific alleviation and cure of a case of a true idiosyncrasy. This case was one of a young girl who, in her babyhood, had an intestinal infection, directly after which she became very sensitive to the slightest trace of egg albumen, and was unable to take eggs in any form. That condition continued unabated for ten or twelve years, and at that time a man whose name I do not recall now investigated her malady and discovered the precise chemical substance that was involved in this disturbance. He tried to cure her by giving her very small doses of egg white and failed, although he had previously ascertained the substance that caused her to be sensitive to the egg white was ovomucin. He demonstrated that conclusively on the animal. He passively sensitized a guinea pig with the patient's serum and produced anaphylactic death in the animal by the subsequent introduction of ovomucin. Instead of administering egg albumen, he employed the ovomucin, giving it in very small doses (he says, "infinitely small doses"), and cured this patient.

Now, there was a very remarkable incident of true idiosyncrasy which was alleviated and ultimately cured by a laboratory procedure in which animals were involved, but in which they were used in a confirmatory way, and had no relation to the subject of drug proving itself.

In conclusion, to reiterate briefly: This paper had as its object the suggestion of methods which might possibly amplify the peerless one initiated by Hahnemann some hundred years ago for the cure of the sick. You know as well as I that there is probably nothing of any value that has been discovered that is incapable of such amplification.

MENTAL PHENOMENA OF A TRIAL-PROVING OF COFFEA CRUDA AND CAFFEIN ON HEALTHY HUMAN SUBJECTS*

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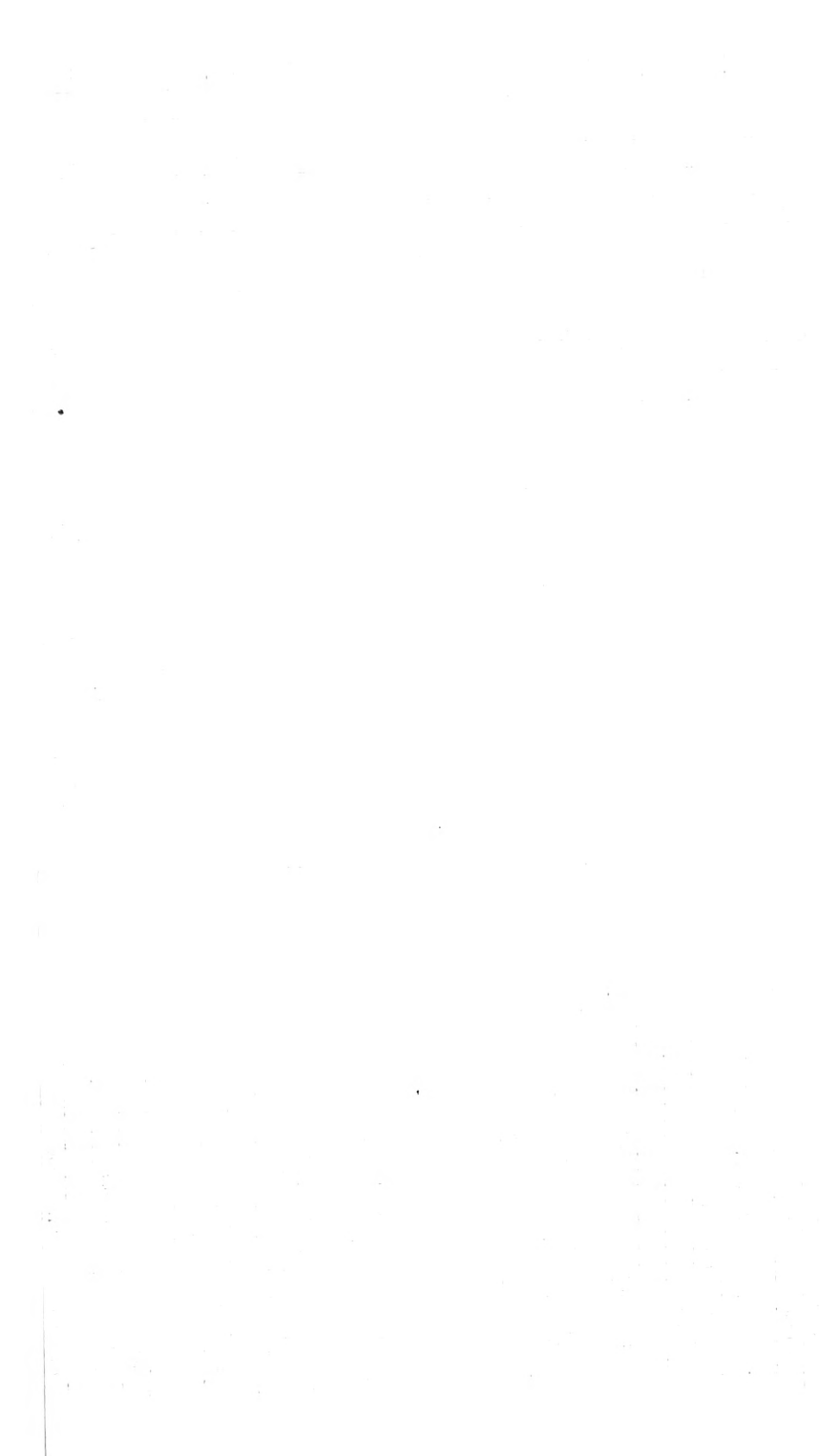
A complementary paper upon the alimentary phenomena of this same study has been prepared for the present session of the American Institute of Homœopathy for the Bureau of Clinical Research. It approached the subject from the standpoint of a composite pathogenesis, while the original article published in the February, 1915, number of the JOURNAL presented the whole technic of this method of drug-proving in detail, profusely illustrated from the original proving sheets. In this paper reference will be made to these two papers frequently. It will treat this trial-proving as *Materia Medica*. A final article to demonstrate the work from the Therapeutic point of view will complete the series and adequately present it for intelligent criticism.

The plate here shown represents a specimen sheet of the *Materia Medica* of *Coffea Cruda* and *Caffein* in the Mental Sphere. The second feature consists of a series of five tables designed to represent, quantitatively, the effect of these preparations upon five different mental faculties of the test subjects. This condensation of the subjective symptomatology of eleven *different* subjects and drug preparations into one composite picture must be taken for its illustrative value only. The reasons for introducing this variety into the series have been discussed elsewhere.^{1, 2} The same statement applies with even greater force to the statistical tabulation in the second feature of this paper.

The psychological tests specially devised and applied in this instance crudely serve the need for a technical check upon the "say so" of the provers themselves.¹ They correspond in principle to the kind of experimental data which we are able in these days to obtain by mechanical instruments of precision.² Crude as these tests must appear to be, from the standpoint of psychological research, it must be remembered that this is not intended for psychological research *per se*, but for the practical purpose of furnishing some check upon imagination, unconscious but otherwise

*Bureau of *Materia Medica*, A. I. H., 1915.

¹Nesbit: JOUR. A. I. H., Feb., 1915; ²Nesbit: *Alimentary Phenomena*, etc., A. I. H., 1915.



unrestrained, of live, sensitive, and impressionable experimental "material." In the history of drug proving this feature and that of the determining factors¹ is, I believe, original and unique. It is unfinished and incomplete. But it points a way.

In this composite representation the trend of the drug's action for the whole series of eight subjects and three controls is indicated by the use of arrows, which point horizontally, or upward, or downward, for each full period of ten days. An inclination of the arrow upward indicates that for that period the tendency was for the drug's action to be accelerated, or intensified positively; while, a reverse inclination of the arrow would mean that the drug's action inclined to be depressing or retarding in its effects.

Here, again, the relative pathogenic importance of each subjective symptom is brought out by the use of large and small type for the drug-symptoms and the control-symptoms respectively. The symptoms, probably pathogenic, are indicated by numerals in the day-blocks day after day, which represent their relative intensity and persistency. Those, identical in description, *but certainly not due to the drug*, whatever else may have caused them, are indicated throughout by a sign (*). We have attempted here to reduce the numerous and varied descriptive words and phrases to a standardized nomenclature, wherein no two words shall be duplicated for a prover's description of *his* feelings. This is needed to give our pathogeneses a universality of understanding (and for translation into different languages). Without such standardization of nomenclature, scientific exactness is impossible. At the same time by thus avoiding senseless repetitions of the same symptoms for textbook purposes, there is no sacrificing of any single "characteristic" symptom, which may be peculiar to one or more human subjects. By *arrangement only* the bearings of such "peculiar" symptoms upon all the others is brought out; while the apparent coincidence of drug-symptoms and control-symptoms is thus heightened to the eye. Where there is no repetition or persistence in appearance of such peculiar symptoms, even in drug-subjects and during drug influence, their therapeutic significance becomes a matter of personal opinion; and thus every student of the pathogenesis is privileged to help himself to any such,—for what they may be worth to him. The point to be

¹Nesbit: JOUR. A. I. H., Feb., 1915.

emphasized is that there is hereby no opportunity for any one compiler to take upon himself the responsibility of omitting certain symptoms which might appear more significant to another.

For illustration, we will take one conspicuous drug-symptom like *concentration difficult* and analyze it with reference particularly to its bearings upon other symptoms observed on the same day, and under similar conditions, and presumably produced by the drug in its several strengths. At a glance we see, first, that this effect was common to three different preparations of the drug in dosage of 30 drops or less; second, that this is the most prominent (the dominant) symptom of the mental-complex for that particular day, with which we also have excitability, forgetfulness, drowsiness, unrefreshing sleep and hunger, symptoms of minor importance, but all together attributable to one or more of these three drug-strengths as they appear in the "originals." In its totality this symptom-complex is not inconsistent in its several components, and in the light of the determining and the test factors concerned. By simply turning a few pages—for each physiological system in turn—a bird's-eye view of the whole pathogenesis of a given drug for a given day and dosage may be readily obtained.

Again, we note that of the whole number of possible drug-symptoms five stand out very apparently, evidencing a pronounced and consecutive effect. They are *drowsiness, dreaming of a pleasing type, wakefulness, hunger and anorexia*. Several of these would be absolutely paradoxical, if it were not at the same time noted that they were not coincidental in their appearance, but consecutive. It is interesting to thus note the progressive intensity of effect here apparent with the increasing dosage of the drug. Also, that from this one plate alone we get the impression that the toxic effects of this drug are cumulative and prolonged for at least ten days after the exhibition of the drug has been discontinued. By this graphic method of arrangement of the symptoms many of the apparent incongruities presented by the old records in text-form are seen to be sequences—thereby heightening the suggestion of a so-called "primary" and "secondary" effect.

For instance, we scrutinize the two apparently contradictory symptoms, hunger and anorexia, more carefully, and we note that hunger appeared first in order and early; while anorexia appears to have been but a later expression of the same action "cumula-

tive" or "delayed" or "secondary." Or, it may have indicated, what in my opinion is more probable than a secondary action, namely, a partial or complete *failure to react* on the part of the cells, which if long continued would usher in cellular degeneration and complete destruction. Such an effect as the above is not inconsistent with the physiological course of events, when the appetite is stimulated for a time by any other reagent. The extrinsic factors which bear upon the significance of these symptoms, in this instance, are thermometric and barometric conditions. These are factors *outside* the complete or partial control of the prover, while those of an intrinsic character, which are always more or less subject to his will consciously or unconsciously, are the food ingesta and excreta, and the liquid intake and output, as water and urine. The first two tend downward; i. e., contrary to our expectation, if these symptoms were due to atmospheric causes. On the other hand, anorexia is here coincidental with a lessened amount of food and liquids consumed; and is in the face of an apparent acceleration of the excretory functions of bowels and kidneys.

Dropping down to the bottom of the page we find that by the mental tests this symptomatic evidence is supported. While lucidity (thinking clearly) shows an apparent retardation at this time, the other mental faculties now involved remain as they were in the earlier period, or are accelerated. On the contrary, during the hunger stage, at its maximum about ten days earlier, the atmospheric temperature and liquid demand tended upward, while the barometric pressure, the food intake, the excreta and urinary output pointed downward. At this same time there was a general acceleration of the mental functions.

This system makes the revision and addition of new pathogenic symptoms from time to time a comparatively easy matter. For, only such symptoms as had not previously been observed would need to be incorporated into the authorized pathogenesis of a given drug. With this system before him any materia medicist might easily compile any new data received from one or another of the several research departments of our colleges. There would be no necessity, in fact, for all of these departments to be working upon the same drug at one time; provided only that a *standard method* had been employed for any drug under investigation. In a short time a body of scientific pathogenesis would be acquired by additional provings from year to year. The perfection of such

a technic would go hand in hand with its repeated application in the several institutions.

At this point we will consider this method from the standpoint of therapeutic dosage. The first requisite for scientific precision in this particular is an exactness in recording the pathogenetic strength and dosage required to produce a given symptom or complex of symptoms in the original experiments. With this materia medica sheet before him, any physician confronted by the clinical mental syndrome *excitability-wakefulness-hunger*, for example, would run his finger down through the page of mental phenomena, and would find that this trio had been produced experimentally by *coffea cruda* and *cafein* in each of the three following drug-strengths: 1x *coffea cruda*, 2x *cafein*, and 30x *coffea cruda*. Then, running the finger across the page to the day-columns to the first day of the proving when these three appeared simultaneously, it would as readily appear what dosage had been sufficient to produce them. If hunger appeared to be the dominant symptom of the complex we should see that it had been most pronounced after but 60 drops in all had been taken of the lowest dilution. Both the other symptoms appeared later and after larger total dosage of the higher dilutions. Theoretically, on the homœopathic principle, he should conclude that, if *coffea cruda* in the 1x dilution should be administered in subdivided dosage amounting to *less than 60 drops* in all, a therapeutic reaction would follow. But, if he should find further, that the mental faculties were generally accelerated at this stage of the disease, his clinical ensemble or totality would have taken on a tone pre-eminently subjective, and, therefore, both experimental results and clinical judgment would incline him to prescribe a weaker (?) preparation, but larger dosage. If, coincidentally with this dominant hunger symptom, the minor symptoms should be of the objective type, the totality would suggest a preference for a stronger (?) preparation in less amount.

In conclusion, it will be necessary only to reproduce the following five tables, in order to show just how the trend of these mental test factors was attained. Association, memory, and lucidity functionally were measured in seconds. Imagination and emotional effects were estimated by the number of words produced under definite conditions of experiment. Of course, this does not pretend to be a conclusive demonstration of the drug's effect quantitatively. But it shows apparently how such a sum-

mation might have been accomplished, if the results had all been produced by the same number of studies with drug-strength the same. I believe we are justified in saying, at the least, that an effect was produced in each of these respects.

Until something better is offered, I feel that we are justified in offering this method for general adoption and further perfection. While our national, state, and county units are being better organized, the American Institute might well encourage the adoption of some standard system for research in this our own special field, and also further efforts in the same direction, by the very practical incentive of appropriating to our several institutions substantial grants from year to year, from the slowly accumulating and inactive funds in the hands of the Committee on Drug Proving. Such a practical endorsement by the A. I. H. would tend toward the adoption of a uniformity and standard of method for proving drugs and recording the provings. And this is the first necessary step toward *doing* what we have been too long only talking about doing.

Some one has said: "The way to proceed is to proceed." The way to "prove" drugs is to *prove* them. If I am asked seriously, "Can it be done?" my reply is: "It has been done. Can it be better done? Obviously."

ASSOCIATION. TABLE I.

Subject.	Normal.	Drug		Control		Individual	
		Period.		Period.		Effect.	
Action in	Seconds	+	—	+	—	+	—
No. 8 Blank	20	5		6		11	
No. 11 "	20	9		1		10	
No. 3 "	12	3		1		4	
<i>Average</i>	<i>17</i>	<i>6</i>		<i>3</i>		<i>9</i>	
1x Coffea c....	17	2		3		5	
2x Caffein	13		6		1		7
2x' "	20	7		3		10	
6x Coffea c....	12	3				3	
10x "	26	17			3	14	
12x Caffein	15	2			4		2
30x Coffea c....	12	2				2	
200x "	9		2	3		1	
<i>Average</i>	<i>16</i>	<i>3</i>				<i>3</i>	
Difference	1	3		3		6	
Drug Action					6"	acceleration	

MEMORY TABLE II.

Subject.	Normal.	Drug Period.		Control Period.		Individual Effect.	
		+	—	+	—	+	—
Action in	Seconds						
No. 8 Blank	..... 18	4			2	2	
No. 11 "	..... 13	4			4		
No. 3 "	..... 11	2			1	1	
<i>Average</i>	..... 14	3			2	1	
1x Coffea c....	34	23			2	21	
2x Caffein	..... 20	4		12		16	
2x' "	..... 11	2		2		4	
6x Coffea c....	9		1		1		2
10x "	..... 11		2	4		2	
12x Caffein	..... 10				2		2
30x Coffea c....	8		1		2		3
200x "	..... 12	2		1		3	
<i>Average</i>	..... 14	3		2		5	
Difference	.....			4		4	
Drug Action	. . . . .				4"	acceleration	

IMAGINATION. TABLE III.

Subject.	Normal.	Drug Period.		Control Period.		Individual Effect.	
		+	—	+	—	+	—
Action in	Words						
No. 8 Blank	..... 16	3		7		10	
No. 11 "	..... 21	3		1		4	
No. 3 "	..... 8	17		8		18	
<i>Average</i>	..... 15	8		3		11	
1x Coffea c....	38	10			20		10
2x Caffein	..... 47	2		5		7	
2x' "	..... 20	1		11		12	
6x Coffea c....	31	2		11		13	
10x "	..... 9	16		11		27	
12x Caffein	..... 28	2		13		15	
30x Coffea c....	33		9	13		4	
200x "	..... 42		3	17		14	
<i>Average</i>	..... 31	3		8		11	
Difference	..... 16		5	5			
Drug Action	. . . . .					None	

LUCIDITY. TABLE IV.

Subject.	Normal.	Drug Period.		Control Period.		Individual Effect.		
		Seconds	+	—	+	—	+	—
No. 8 Blank	8		3		1		4
No. 11 “	4		2	4		2	
No. 3 “	6		10				10
<i>Average</i>	6		5	1			4
1x Coffea c....	15	8				28		20
2x Caffein	3		1				1
2x’ “	3			1		1	
6x Coffea c....	39	34			1		35	
10x “	4		2			1	1
12x Caffein	3				2		2
30x Coffea c....	3	1			1		2	
200x “	4	1		1		2	
<i>Average</i>	9	5			3		2
Difference	3	10			2		8
Drug Action	6”	acceleration	

EMOTIONAL. TABLE V.

Subject.	Normal.	Drug Period.		Control Period.		Individual Effect.	
		+	—	+	—	+	—
Action in Words		+	—	+	—	+	—
No. 8 Blank	34	2		6		8	
No. 11 “	39	10			10		
No. 3 “	33	6		7		13	
<i>Average</i>	35	6		7		7	
1x Coffea c.	65		15	16		1	
2x Caffein	66		12	7			5
2x’ “	52	4		4		8	
6x Coffea c.	41	15			2	13	
10x “	28		17		8		25
12x Caffein	61			2		2	
30x Coffea c.	70		8	2			6
200x “	72		9	9			
<i>Average</i>	57		5	4			1
Difference	22		10	3			7
Drug Action					7 words retardation		

Discussion

Dr. J. Richey Horner, Cleveland, Ohio: I have had the pleasure of looking over Dr. Nesbit's paper in the last half hour, and I have been particularly impressed with the exactness of the work. You take, for instance, the mental condition. There is an actual demonstration which is proven by the records, simply a question of figuring it out, that association, for instance, is accelerated six seconds. It is worked out by the use of controls, by the use of not only different individuals, different subjects,—but by the use of the drug in different potencies in these subjects, and the average is struck, which shows without a doubt that the acceleration of the association mentally was an increase of six seconds.

The same in regard to memory. The stimulation of memory was shown to be four seconds. The figures are here. They are as convincing as anything possibly can be. With the imagination there was no change. In the emotional sphere there was retardation. I am impressed with the work that Dr. Nesbit has done; he has checked up what we have known so many years is the actual effect of this drug. It carries with it the belief that it would be necessary to prove the accuracy of our *materia medica* in only a limited number of drugs in order to demonstrate to the directors of the institutions already established the value of this work, and to stimulate them to the work of taking it up themselves. It is not necessary for us to go into the proving of the whole *materia medica*, but if we can prove two, three, ten or a dozen drugs and show that they do check up with our *materia medica*, it is reasonable to believe that this would be enough to place us on a footing that the Rockefeller Institute, for instance, would have to recognize. It is absolutely impossible for us to go into a critical discussion of the work that Dr. Nesbit has done. It is so complete and so convincing it does not need anything in the way of discussion, but it presents to us a practical system of drug proving. It shows us, as the Doctor says, it can be done because it has been done. The question arises, "Will it be done," and in my estimation the answer to that question is absolutely in the American Institute of Drug Proving. Our colleges cannot take up this work. I do not believe it can be done with students with the same results you would get in working it out with men who are absolutely under your control day and night. These subjects should be like the hospital patients; they should be under the observation of the investigator twenty-four hours out of the twenty-four. Time and again Dr. Bellows in conducting the O., O. and L. proving of *Belladonna* found the same difficulty. There were times when the subject was not under the investigator's observation, which modified slightly the results of the provings. That ought not to be. These people ought to be employed, and their entire time taken up under these investigators' supervision, so they may know absolutely what the subjects are doing every minute of the twenty-four hours, what their emotions are every minute of the twenty-four hours, and what

their surroundings that influence them during the period that they are in the work.

Dr. W. A. Geohegan, Cincinnati, Ohio: No one could discuss the paper intelligently unless he had an opportunity to study it in advance. Such experiments can be made, they have been made, they will be made again, if they meet with the proper recognition and study. When a paper of this kind is presented to the Institute, it ought to be printed in the JOURNAL thirty days in advance of the meeting, in order to favor a discussion that is really worth while. There are one or two points brought up in the discussion that I wish to object to. A paper of this kind is never given but what we hear of further ideal conditions under which the experiments ought to be made. Dr. Nesbit says if they cannot be made under ideal conditions, they should be made anyhow. If they are made, and published, and presented to the Institute, and then discussed, such papers as prepared and read by Hinsdale and Nesbit at this meeting, and by Royal ten years ago, we will improve our materia medica. The improvement will not come from dwelling upon idealistic conditions, but by doing actual work and giving the proving, as made, intelligent discussion, and thus encouraging future experimentation.

Dr. DeWitt G. Wilcox, Boston: I have been very much impressed with the painstaking method in which Dr. Nesbit has carried this out. It seems to me it is the solution of this problem, the method of making provings; and it does seem to me when we have a fund of two or three thousand dollars lying idle, and we need it so much, it is a pity that the fund cannot be reached for this specific purpose. Dr. Nesbit is working this out at his own expense, his own time, and one cannot hear that paper without being impressed with the immense amount of time required in consummating its work. It does seem to me that it is in our power as an Institute to adopt some method by which these funds could be employed for this purpose.

Dr. George Royal, Des Moines, Iowa: When you refer again, again, and again to this committee on drug proving, do not forget that we are doing the very thing you are asking us to do. The committee on drug proving met today and voted to put in the hands of a committee, for this very work, one thousand dollars of the funds we have on hand. Last year we spent nearly one thousand dollars for the work, and the result is being prepared for the publisher. So do not feel that we do not want to obey you. We are doing it just as fast as we can. These things go slowly. Now, to illustrate: We appropriated so much money for an individual to carry on the work. He did not have a good system, and after spending a part of that money and a great deal of time, he sent a report to us, and acknowledges himself it was practically worthless. In this connection a body of men whom you know met yesterday and organized, and the plans are set in motion whereby, commencing this very fall, this same kind of work will be done, and we are looking out for the funds, individually, what we

have or we can get, to put them in the American Institute, not in the hands of the Committee of Drug Proving.

Dr. Nesbit (closing the discussion): I should like only to emphasize several of the points developed by the discussion in the few minutes left to me. But, for a detailed explanation of this technic I must again refer you to the original article which was published in the February 1915 number of the Journal of the American Institute of Homœopathy.

Dr. Mitchell's discussion of the functional peculiarities of individuals in the urinary sphere: This trial-study has demonstrated to me very impressively the uniqueness of each prover in his several functionings. We have adopted this principle at the outset as a working-hypothesis for scientific Drug Proving. The actual results here shown have served to strengthen that hypothesis. Hence, at the beginning of the proving the boys were all impressed with the fact that in so doing each subject would be making one distinct contribution to existing knowledge, and that this contribution would be unique as a piece of original research, because it would be impossible to exactly duplicate the exact conditions of the experiment at any subsequent time.

This technical principle commits us to the "type-method" of experimental study, which was employed by Hahnemann and has latterly been adopted largely by such men as Mackenzie in his Diseases of the Heart, and by Cabot in his Differential Diagnosis. It is better adapted for observations upon animate human beings, than the impersonal method of averages, the "statistical method" so largely employed, I believe, illogically. While we may thus study drug pathogeneses in series for the sake of economy of cost and time, and for facility in execution, the individuality of each subject must not be lost sight of in the "average" for any group. In every such "statistical" study there must be as many normals above the line of the average as there are below it. The average reading then can only represent a fictitious standard for comparisons. It means the average or mediocre reading rather than the normal performance of any single subject. But, to thus establish each subject's own personal "norm" as a scientific basis for subsequent comparisons, it is not necessary to carry each subject through one at a time. If we adopt the decimal system throughout and conduct these *individual studies* in series of ten at one time, we minimize the cost in money and time, and greatly facilitate computations, and general comparisons between different drug or control subjects under comparable conditions. So long as we check up each subject's reaction to the drug against his or her own particular "norm," ascertained by a preliminary study under comparable technical conditions, the introduction of one or ten different drugs into a given series will not affect the validity of any one record. But, if we may only draw conclusions from a fictitious "average" performance of a series numerically large enough to automatically reduce the "element of error" in each, our experimental observations

must run up into series of hundreds and thousands. This makes practical drug proving impossible. In this first trial-proving we had eight drug-subjects, and three control-subjects. We also had three alternates follow on in good condition, to be put into the series at any time should any one subject be compelled to withdraw. By utilizing these alternates as "control-subjects" as a basis for any serial comparisons, we might economize cost and "material" and thus fill the ten series entirely with drug-subjects. Thus, each separate study extending over thirty consecutive days might produce from one to ten pathogeneses of the same or different drugs.

Now, as to the ideal proving and the ideal prover: Each of us has no doubt dreamed out his own ideal proving and prover. But, there are certain definite and practical limitations that make scientific pathogenesis more difficult to execute than to "dream." For instance, the speaker has conceived that at some future time experimental drug studies may be carried on systematically and simultaneously in our several colleges in specially constructed and equipped buildings. We have pictured these as small three-ward hospitals, with two separate wards on a floor and one either side of a corridor. On one side of this corridor there should be three experimental—or pathogenesis—wards for men, women, and children respectively. On the other side three "clinical" or therapeutic wards. In close proximity to these wards there would be dining rooms, clinic laboratories, and rest rooms, etc., where the experimental and the therapeutic phases of drug action could be observed and tested by medical students by the same technical methods of precision. We can conceive of these experimental "patients" being carefully selected and adequately compensated men, women, and children, voluntary subjects under most careful and constant scrutiny. Even here we should have to guard against introducing physical and physiological conditions not comparable with those on the clinical side of the corridor. But, such psychopathic wards for experimental symptomatology have not yet arrived.

This is one reason, Dr. Horner, why the expedient of a "provers-team" was hit upon, and the principle of a "training-table" applied. Medical students were chosen intentionally. They represent a high order of intelligence and scientific zeal. They are readily accessible for supervision while under usual conditions, and can be subjected to periodic physical examinations easily. For many of them a month's service on "the training-table" offers a practical financial inducement. For others scholastic credit for research-work accomplished would be a further incentive. Tell me that students will not prove drugs in these days! My experience has proven the contrary. A call for "the best eleven men in college" to form a "provers-team" and go upon a "training table" for a month brought out twenty-five volunteers in two days. Plan to appeal to the imagination of the student. Appeal to his class-spirit or college pride. Give him a chance to DO provings, and to SEE them done, and there will be a revival of interest

in experimental Pathogenesis and applied Therapeutics that will be amazing. I fear that we fail to appreciate that in *Materia Medica* and Therapeutics, as well as in every other department of medical training in these days, the medical student is peculiarly "from Missouri." He must "be shown" how drugs act experimentally and therapeutically on human subjects, as well as upon lower animals. He does not want to be *told* how Hahnemann, Hering, *et al* saw them act fifty or an hundred years ago. He wants to SEE how drug pathogeneses and clinical verifications are being made today and tomorrow, year after year, at Boston University, New York Homœopathic, Philadelphia Hahnemann, Ohio State, Chicago Hahnemann, University of Michigan, of Iowa, of California, and the New York College for Women. Every student thus SHOWN the experimental and clinical effects of drugs, studied along parallel lines and under comparable conditions, goes out into practice with a working-knowledge and conviction grounded upon experience, and not mere theory or tradition. This, I believe, is THE great point in using medical students as provers.

Now as to cost: After the initial expenditure for equipment, the cost is remarkably small, in time and in money. It does require special facilities, selected men and women, and some co-ordinate inter-departmental team-work. With a separate organization consisting only of a director, an assistant or detail-man, and one clerk for compilation and enumeration of results, and a special examiner appointed from each existing clinical department it is quite possible to conduct at least two series of provings to extend over two periods of thirty consecutive days in each school-year without interfering with the regular schedule of the curriculum. This trial-proving required but $1\frac{1}{2}$ hours daily on an average from each examiner during the month of actual proving; and, but 1 hour daily from each of the student-provers during that time. If each man served in but one series during one school year it would mean but 1-48th of his school time devoted to research-work, if he should serve in two series it would consume but 1-24th of his scheduled time. Let us suppose that each series contained but five different drugs. Each college would produce from one to two good pathogeneses of ten different drugs annually, or from ten to twenty pathogeneses of one or two. With the adoption of a standard proving-technic and nomenclature, and some inter-collegiate effort, our *Materia Medica* would be perennially refreshed and kept abreast of the scientific world by new pathogeneses, in the making of which at least two hundred students in homœopathic colleges would be actively engaged for part of their school year. It is not inconceivable that the general profession, individually and collectively, would then subscribe liberally to this work as soon as the colleges were prepared "to produce" something tangible along these lines.

Finally, the question of "primary" and "secondary" drug-action has been raised: I believe that if you will carefully study these specimen charts of this first trial-proving, you will see this so-called dual action

of the drug manifested. For instance, Hunger and Anorexia precede or follow each other; or, Excitement and Dullness, etc. Now, I presume that some would interpret this apparently contradictory effect as instances of a primary and a secondary action of the drug. I am not prepared with experimental data to say that this is not so. But, I should like to throw out a hint to others working on these lines. For I have a theory that, instead of these apparently contrary phenomena expressing opposite effects of the same drug, they really imply a reaction of the tissues to the drug irritant and a subsequent failure to react at all or but very feebly. Rather than two separate phenomena—an action and reaction, as it were, do we not have simply a response and a failure to respond to the artificial stimulus?

I believe that I have covered several of the more important points raised in the discussion.

THE URINARY PHENOMENA OF COFFEA*

By William A. Pearson, Ph. D., Dean of Hahnemann Medical College of Philadelphia

In the February number of the JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY was published an article from the Constantine Hering Laboratory entitled, "A Modern Technic for Proving Drugs on Healthy Human Subjects." Among the several observations made was the examination of the urine of each subject on each of the thirty days. In the work of correlating these data the following results were obtained:

TOTAL QUANTITY IN 24 HOURS

	Average 1st to 10th day	Average 11th to 20th	Average 21st to 30th
Control No. 1.....	1818	1477	1712
Control No. 2.....	1072	999	918
Control No. 3.....	1431	1332	1345
2x No. 1.....	2213	2312	2392
2x No. 2.....	885	843	1164
6x	952	881	809
10x	1135	978	1156
12x	1453	1114	1176
30x	1432	1281	1159
200x	2209	2390	2690

*Bureau of Materia Medica, A. I. H., 1915.

Each of the three control subjects voided less urine during the second period of ten days and during the third period of ten days than during the first period of ten days. Subjects No. 1 and 2 taking caffen 2x and subject taking 200x caffen each voided more urine during the second period of ten days and during the third period of ten days. The increased quantity voided each day amounted to approximately 300 cc. which would be considered a very satisfactory diuretic action.

In the subjects taking 6x and 10x caffen very little diminution in urine was found and the reduction in the case of the subject taking 30x caffen amounted to approximately 300 cc.

SPECIFIC GRAVITY AT 25° C.

	Average 1st to 10th day	Average 11th to 20th	Average 21st to 30th
Control No. 1.....	1.0143	1.0169	1.0157
Control No. 2.....	1.0218	1.0246	1.0230
Control No. 3.....	1.0202	1.0212	1.0185
2x No. 1.....	1.0183	1.0252	1.0113
2x No. 2.....	1.0193	1.0210	1.0183
6x	1.0243	1.0238	1.0202
10x	1.0257	1.0276	1.0262
12x	1.0153	1.0191	1.0210
30x	1.0208	1.0194	1.0190
200x	1.0140	1.0153	1.0091

There is no characteristic variation between the specific gravity of the urine from subjects who took the drug and of the urine from subjects who did not. The general tendency is a higher specific gravity during the second period (the 11th to 20th day).

TOTAL SOLIDS IN 24 HOURS

	Average 1st to 10th day Gm.	Average 11th to 20th Gm.	Average 21st to 30th Gm.
Control No. 1.....	58.807	62.660	58.37
Control No. 2.....	45.221	50.24	45.045
Control No. 3.....	46.736	43.734	42.605
2x No. 1.....	90.916	71.603	79.855
2x No. 2.....	45.772	47.235	54.044

6x	53.229	47.96	43.164
10x	86.605	66.459	70.157
12x	55.6586	62.683	53.184
30x	63.812	55.550	51.321
200x	67.851	66.524	51.594

In control No. 3, the amount of total solids decreases in each period; the same is true of subject taking 6x, 30x, and 200x. In control subject No. 1 and No. 2, the amount of total solids eliminated during the second period (11th to 20th day) is the greatest; the same is not true in any of the other cases.

UREA IN 24 HOURS

	Average 1st to 10th day Gm.	Average 11th to 20th Gm.	Average 21st to 30th Gm.
Control No. 1.....	37.707	36.529	27.922
Control No. 2.....	27.7817	26.239	24.316
Control No. 3.....	18.50	22.44	22.24
2x No. 1.....	35.576	47.218	37.833
2x No. 2.....	21.427	21.836	27.76
6x	25.779	26.1507	21.721
10x	23.022	26.00	24.15
12x	25.290	27.539	22.837
30x	33.467	31.34	31.53
200x	31.558	31.26	32.855

In two of the control subjects the amount of urea was increased in the second period; this was also true in both 2x subjects, 6x, 10x, and 12x.

CHLORIDS (cl) IN 24 HOURS

	Average 1st to 10th day Gm.	Average 11th to 20th Gm.	Average 21st to 30th Gm.
Control No. 1.....	7.15	8.84	9.19
Control No. 2.....	6.26	7.13	7.04
Control No. 3.....	7.91	8.12	8.51
2x No. 1.....	5.05	10.71	7.84
2x No. 2.....	7.96	9.92	8.01
6x	6.60	6.219	6.45

10x	7.46	7.601	9.208
12x	8.77	8.22	11.98
30x	11.794	12.098	9.173
200x	8.10	8.524	10.58

With one slight exception the amount of chlorid eliminated increased during the 2d and 3rd periods in all the control subjects. The same is true in the case of the subjects who took 200x and 10x caffein. Both subjects taking 2x caffein eliminated the most chlorid during the 2d period; the same is true of the subject taking 30x caffein.

PHOSPHATES (P_2O_5) IN 24 HOURS

	Average 1st period.	Average 2nd period.	Average 3rd period.
Control No. 1.....	3.273	3.693	
Control No. 2.....	3.114	2.729	2.636
Control No. 3.....	4.63	5.10	4.33
No. 1—2x.....	3.538	3.906	4.182
No. 2—2x.....	4.65	3.02	2.95
6x	1.738	2.375	2.375
10x	2.345	2.574	3.682
12x	3.50	3.24	3.05
30x	3.5503	4.656	2.909
200x	3.057	3.512	4.023

There is no uniformity in regard to the relative elimination of phosphates. In two of the control subjects the average elimination is greatest during the second period of ten days. This is also the case with the subject who took caffein 30x.

ACIDITY (cc. OF 17/10 NaOH TO NEUTRALIZE 50 cc. OF URINE)

	Average 1st period.	Average 2nd period.	Average 3rd period.
Control No. 1.....	13.384	20.202	13.755
Control No. 2.....	25.2625	26.57	25.037
Control No. 3.....	10.98	13.127	12.565
No. 1—2x.....	13.229	14.642	15.84
No. 2—2x.....	18.15	18.21	16.94
6x	19.941	19.74	22.4
10x	21.96	18.557	16.121

12x	17.13	18.57	19.46
30x	42.8	25.525	24.2436
200x	10.85	10.688	10.925

In each of the control subjects the acidity during the second period was highest and during the first and third periods it was approximately the same. In four cases (2x, 6x, 12x, and 200x) the highest average acidity was during the third period.

URIC ACID IN 24 HOURS

	Average 1st period.	Average 2nd period.	Average 3rd period.
Control No. 1.....	0.2607	.2672	.27342
Control No. 2.....	0.1222	.1200	.2056
Control No. 3.....	0.615	.370	.4179
No. 1—2x.....	0.16425	.261	.406
No. 2—2x.....	0.509	.3737	.71
6x	0.12668	.1376	.1027
10x	0.42757	.8463	.2322
12x	0.577	.8329	.23787
30x	0.80105	.43268	.23795
200x	0.5408	.4676	.7121

Owing to the close chemical relation between caffeine and uric acid, it was hoped that the daily determination of uric acid would show interesting results. The irregular elimination of uric acid in the control subjects, probably due to abundant diet, fails to give an easy basis of comparison. In both subjects taking 2x caffeine the elimination of uric acid was markedly increased in the 2nd and 3rd periods; and in the subjects taking caffeine 10x and 12x the elimination of uric acid was markedly increased during the 2nd period; but only one half the quantity of uric acid was eliminated daily during the third period as during the first period. Caffeine 200x increased the elimination of uric acid during the third period.

Summary

The diuretic effect of caffeine was noted, the increase of urine in three provers being quite significant, since all three of the control subjects voided less urine during the second and third ten-day periods.

No marked effects were produced on the specific gravity, total solids, urea, chlorids, and phosphates.

Caffein 2x, 6x, 12x and 200x produced the highest acidity during the third period of ten days, the three controls being highest in acidity during the second period of ten days.

Increased elimination of uric acid was noted in subjects taking 2x, 10x, 12x, and 200x.

My sincere thanks are due Victor M. Cintra for his patient work in copying these data from the record books and computing most of the averages.

Discussion

Dr. Clifford Mitchell, Chicago: I compliment Dr. Pearson on the paper on *coffea*, in which I am particularly interested, because I have been proving drugs myself. I took the maximum dose of kola when first introduced into this country, three or four times a day for ten days, keeping myself on the same diet,—my diet is always about the same, and I am a good subject on that account. One of the first things I noticed was that there was no change in the specific gravity of the urine. Just why that is I don't know.

Dr. Pearson's experiments with *coffea* are extremely interesting, and it is impossible for me to attempt to criticise them, because I was not in his laboratory, and can only judge of them as presented here. It seems to me every precaution has been taken to rule out the accidental and the insignificant. But, after working a great many years, as I have, on urinalysis, I think I have found out this, that every person on a certain or given diet passes a certain kind of urine,—a urine which can be recognized. I can sometimes recognize the urine of an individual without information, because patients show individualism in the excretion of urine just the same as in other constitutional matters. I had one patient who for twenty years had a high ratio of urea to phosphoric acid,—why? Because of his diet. There are peculiarities of diet and metabolism that show invariably in the urine. The first thing to do is to find out by careful analysis what the subject's urinary peculiarities are, for I believe every one has his peculiarities, and, therefore, it is somewhat difficult to draw deductions without knowing those in advance. I say, then, if you can change a person's urinary peculiarities with a drug, you have something that is worth while noticing in your study of that drug. In the test of kola on myself, nothing whatever was shown. The urine was the same at the end of the test as before.

There is another question to be considered,—and which has been brought out by Dr. Rice in regard to drug idiosyncrasy.

In regard to the action of *caffein*, I am interested because *caffein* in physiological doses is supposed to raise the blood pressure. If you raise the blood pressure, you are getting increased circulation through

the kidneys; if the circulation is increased you are going to have more urine, and it is fair to suppose you would have increase of solids. The fact that caffein can do that is interesting. The diuresis reported by Dr. Pearson was not great. Any detailed criticism of the work is impossible on account of my not being present when the work was done.

If we are going to teach a standard method, I want to suggest right here and get it in the record, that we should not only make determination of these various urinary solids, but in every case we should determine the relation of the urea to other solids. We must know the normal ratio of the urea to the phosphates, chlorids, uric acid and ammonia on a given diet, and keep to the same diet; then in giving the drug, if you can change those ratios, you have done something.

PROPHYLACTIC VALUE OF PLAY*

By Charles Frederick Weller, Chicago

Associate Secretary of the Playground and Recreation
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According to Mr. Dooley: "Play is work that you pay for the privilege of doing." Such definitions are possibly important because it is not always easy to say what you mean. In Birmingham, Alabama, I was told that when Henry Grady went to Boston and delivered a great oration, one of the Boston papers described him as a "bottle scared southerner." Mr. Grady wrote that he was not scared and he trusted that the newspaper would correct the statement. Next morning the editor said he hoped that every one understood that what they intended to call Mr. Grady was "bottle scarred."

When you put such a subject on your program as the "Prophylactic Value of Play," the layman runs for the dictionary. If he has none at hand, he is in a state of mental confusion. But I believe your purpose will be met if I tell you the true story of a gang of diseased and deteriorated young men who were cleaned up physically and spiritually by playground influences.

In Pittsburgh, five or six years ago, there was a gang of eight young fellows averaging eighteen years of age who called themselves the "Eighteen Hour Gang," by which they meant they loafed eighteen hours and slept six. These fellows were a dominating influence in their neighborhood. They were practically drunkards at that early age. They were loafers. All had juvenile

*Bureau of Pedology, A. I. H., 1915.

court records or worse. It was learned later that they were all rotten with venereal disease. They were waste products of industrial Pittsburgh. They spent Saturday evenings in houses of ill repute and Sunday afternoons in an old box car clubhouse where they spent the time going over the lewd stories they had picked up on Saturday night. They were about as completely spoiled for any civic usefulness as any gang you could find anywhere.

About five or six years ago there came into this region a young fellow named Ashe, a gentle-acting man who wore glasses, who had been a school principal in Allegheny county. As the eighteen-hour gang looked him over they thought he looked "easy." Two weeks after he took charge of that playground center, he was showing the boys some tumbling stunts in the little "gym." One of the gang spat a big pool of tobacco juice on the mat where Mr. Ashe had to roll in it. He got up and ordered the gang to throw out their quids. By preconcerted arrangement, they did throw out their quids; nearly all struck Ashe, some of them in the face. He got mad,—in the plain old garden variety of "mad." He locked the door and sailed into those young men with his fists. The fellows averaged as large as Mr. Ashe. They fought for a long time—they fought fairly. They gave Mr. Ashe a black eye and broke one of his teeth. But he distributed a number of black eyes, and, finally, the gang felt they had had enough and they went out quietly. Ashe next morning resigned. He said he had been a failure—he had used force, which was against the rules. The superintendent of the playground system of Pittsburgh sent him back on the job saying there was a time for righteous indignation.

As Ashe came back he saw the gang waiting for him; his heart sank; he said to himself, "Have I got to go over it all again!" But the boys had come to make peace. They wanted Mr. Ashe to teach them to box. Through boxing, basket ball, and other activities of that playground center, Mr. Ashe was able to restore and revive the energies that these young men had wasted by idleness, vice and drink. As those energies were restored and Mr. Ashe established an influence over the young men, he was able to get them into employment.

Now, five or six years later, when I met this crowd of boys last summer, seven out of the eight were employed at two to four dollars a day, each. The oldest is driving an auto truck for the

board of education and the foreman says he never had a more satisfactory worker. Only one out of the eight has failed to make good. He makes good part of the time and then goes off on a spree. His father is a drunkard; his mother has a bad reputation; he lodges in one of the "hell's kitchens" which characterize that part of Pittsburgh and it is no wonder he has not yet won his fight. Seven out of the eight have been transformed from civic liabilities to assets. They have been made honest, worthy men and useful citizens. The one thing that did the work for those fellows was the playground movement, the recreation center, the work of which Mr. Ashe was the head.

When I told the story to a hard-headed business man in Omaha, he said: "Huh! that wasn't the playground—that was Mr. Ashe." I answered: "Huh! that is exactly what we are trying to make clear throughout America. The playground movement is not a question of space or apparatus; it is always a question of Mr. Ashe—a personal leadership that puts vitality and power into your playground—it is always a question of supervision."

Of course I am not talking of "playgrounds" simply. I am not talking of play apparatus alone or even of play space. I am trying to talk of the big problem of leisure,—what is to be done with the growing leisure time of our people? It has been said that 80% of all the crimes committed are leisure-time crimes, committed between six and eleven p. m. A superintendent of mines in Arkansas said that for two or three days after each pay day he had not men enough to run his mines; their leisure meant drink and idleness. You know it is not in the hours of work or in the hours of school that people go wrong. It is in the leisure hours, when they are turned out to express themselves freely, to do the things they want to do. It has been estimated that every man and woman on the average has thirty-five hours every week of idle time, not including meal time. If you take into consideration the vacation time of all children, that thirty-five hours per week is not excessive. On this basis, a town of 5,000 has 175,000 hours of leisure each week to account for; the United States of America, with 98,000,000 people, has 3,430,000,000 hours of leisure every week.

My little boy gave me a very significant illustration of this question of leisure and of the play instinct and what power it possesses. This happened when he was five years old, when we had a summer camp where it was his regular work to keep the wood

box filled. The wood was chopped; he had only to pick it up and carry it to the wood box, but it took his mother and me and others of the campers to see that he did it. That was work. But that youngster would take an old, heavy, rusty wheelbarrow that I hated to touch and run it up and down a steep hill, the sweat streaming down his face, because that was an engine and he was the engineer and that was *play*. Now, he was trying to teach me that if I have the wisdom to take hold of my boy by what he calls play, by his native instincts and interests, I shall have him where the future boy is being made. I say the supreme question is not simply one of apparatus or space. The problem of social prophylaxis is not simply a problem of tenement houses and slums. One of the greatest, one of the most fundamental questions of the day is whether America is going to change her three billion weekly hours of leisure from liabilities to assets.

There are now 342 American cities which have supervised play,—playgrounds supervised. They employ 6,318 play leaders, a new profession. They spent last year \$5,700,225.81 in addition to bond issues of \$2,458,800. These cities include Chicago, which has \$15,000,000 invested in playgrounds. You should visit some of these wonderful playground parks. Call up the park commissioners and they will tell you how to go out to some of these wonderful playground parks. Chicago leads the world in this matter of small-park playgrounds.

But I would have you note particularly that forty-one cities included among the 342 cities with supervised playgrounds have less than 5,000 inhabitants each. Sixty-four of the 342 cities have from 5,000 to 10,000 population; sixty-five from 10,000 to 20,000 and seventy-eight from 20,000 to 50,000. Altogether, 248 cities of less than 50,000 population have supervised playgrounds.

I would like you to believe that the problem, especially of the next ten or fifteen years, the leisure-time problem, is even less a problem for the big cities than it is for the smaller cities and for rural communities.

There are 300 cities in America definitely in danger of what I like to call "autovaccination against playgrounds." In other words, they have no supervision for their playgrounds and they are consequently in danger of having such poor playgrounds that they will become discouraged and soon have none at all. In Kenosha, for instance, where playgrounds were started some years ago, the neighbors found the playgrounds so objectionable, there

was so much criticism, that the playground movement was checked for years until lately the Playground and Recreation Association of America helped to develop in Kenosha a system of supervised play. One of the early playgrounds which I helped to open in Washington, D. C., was closed as a public nuisance, until we learned to supervise it more adequately.

In short, it is not easy to solve a community's leisure-time problems. I suppose one of the best things I have tried to do was to run a "saloon" in Washington. We fitted up a vacant corner store with red wallpaper, brilliant lights, an old grand piano, boxing gloves and tables for games. We ran it like a saloon with a liberty-hall atmosphere, and we had each night from fifty-five to sixty-five of the roughest, most ignorant young fellows who called themselves "wharf rats" and "rummies" and were occasionally in the police court and work house. When I became too busy and was obliged to delegate our temperance saloon to someone else, we employed a man whose ideals were evidently higher than mine; he tried to standardize the fellows too fast, to do them good, and they "evaporated."

When you take hold of the leisure-time problem in any community you find it is possible to make a great many serious mistakes. For instance, you can go into some of the smaller towns and find a great building has been erected, double front, three or four stories high, 125 feet deep or so, built for recreation purposes. The philanthropic interests and funds of the town are exhausted and you find the building empty, useless, because there had not been an effort to study the community as a whole and to adjust the recreational activities wisely and broadly to the real needs and desires of the people.

Up in Minnesota last Saturday a school superintendent said to me: "You know I have noticed that the boys here do not shoot marbles as we used to. With us it was a game of skill. Now the boys simply make a hole in the ground, stand off and throw the marble into it." Two Minnesota men told me of that change in marbles. In Pittsburgh a play leader told me of the same thing, the degeneration of the old game of marbles.

I wonder if you men and women have noticed what has been happening to the leisure time of children. This game of marbles which has lost its skill and become a game of chance is merely an instance illustrating a general deterioration. Take the games you used to play, "Pull away," "Run, sheep, run," "Tag," and twenty

others; then go around your communities, wherever you come from, and find if those games have not very largely disappeared. You know chores have disappeared, the snow shoveling, wood chopping, horse feeding, coal carrying; those unpopular occupations of our childhood have disappeared. I wonder if you have appreciated the fact that all through this country there has been a definite loss of vigor, a loss of the fullness and wholesomeness of physical life. In Minneapolis about a week ago a man who is an expert on vocational training, on industrial schools, who came from Massachusetts, where he was a leader, made the statement that America, which has boasted of its industrial efficiency, has been definitely losing some of that efficiency. I do not know the facts in this case, but to my thinking we in America need to be roused out of our complacency, to realize the fact that there has been a considerable loss of the drive and power and vigor and sweep of life.

In Lawrence, Kansas, a college town with 13,000 inhabitants, the average weekly attendance on picture shows is 13,000. In Kansas City, with 250,000 population, the average weekly attendance upon the "movies" is 449,000. Add to the picture shows the dance halls, pool rooms, vaudeville and other theatres and you have in Kansas City an average weekly attendance of 724,000 upon "Commercial Recreation." These are examples of the general desire for passive amusement, to be entertained instead of engaging in active, muscle-building, character-building play.

In these days, when our country is facing the possibility of war, we might well remember that Wellington said of a battle which occurred just one hundred years ago, "The battle of Waterloo was won on the play fields of Eton." We need to ask ourselves whether we are doing what we should in this country to build up an efficient citizenship. You physicians should help us to arouse a public interest in "the prophylactic value of play,"—using the word "play" for this bigger thing, this effective development of health, vigor, initiative, and "team play" which are best cultivated through organized games.

I had an illustrative experience at the Industrial School for Girls at Geneva, Illinois. There they gather the bad girls of Chicago and other Illinois towns. When Mrs. Weller and I were there nine years ago, there were 350 girls in this reformatory, divided into ten groups or "Cottages." The "Honor Cottage" group had their playground close to the tents in which Mrs.

Weller and I were camping. I noticed the girls trying to play a queer kind of baseball. It was such a poor game that it held their interest for only a few minutes. Five or six girls would try to play but soon stop in disgust or in a tangle. Their playground time was mainly devoted to crocheting, walking up and down, sitting on the seats or grass, and gossiping. They were enthusiastic when I helped them to lay out a diamond, to try a real baseball game and to organize a nine. Shortly I was very much in demand and I had the opportunity of organizing ten baseball nines in the ten cottage groups of 350 girls. That meant that at least eighteen of the girls in each group of thirty-five had some vigorous play throughout the week because the official Cottage Nine practiced against a scrub nine or unsuccessful candidates for the team. On Saturday afternoon two cottage teams played against each other. The entire school looked on, gave their cottage cheers and developed some of the old college spirit which has done so much for some of us who are here today.

In the final game for the championship of the school the "Hospital Cottage" team was matched against the "Honor Cottage" and the game was a fierce one. The catcher of the "Hospital Cottage" team refused to wear the catcher's mask or the catching glove because it would interfere with her holding the ball. As the game went on and the girls were sliding for base and forgetting everything but the game, the pitcher, growing fiercer and fiercer, pitched a terrible ball and it went through the catcher's hands and struck her in the face. It gave the girl a severe nosebleed and broke one of her teeth. As umpire I advised her to give place to some one else. Instead, she tied my big handkerchief around her head, over her ears and under her nose to catch the blood; she spat out her broken tooth and went on and won the championship of the school.

Now, remember, that these girls had something that the young people in your towns and cities may not have. Every group had a playground. Every group playground had a kind of supervision, for the house mother came out with the girls and she was a cordial, kindly woman who wanted the girls to have a good time. But the girls did not have vigorous play because they lacked the leadership which I had the pleasure of providing that summer. That leadership, that straightening out of difficulties, that help in organizing, that instruction, encouragement and

leadership in play, is the keynote to the development of a vigorous play life in this country.

Consider that play leadership applied to the young men of St. Louis, Missouri, and you find a large "Soccer" football league and a great baseball league,—standardized, wholesome games, no professionalism, no gambling, no profanity, but clean, good sportsmanship. Many hundreds playing and thousands looking on. Conceive of that sort of leadership being applied to the young women of a community, as I saw them on the top floor of the City Hall in Columbus, Ohio. There a large room has been turned over to the women of the town and you can see forty, fifty or sixty of the "Business Women" or working women each evening learning "team play" or co-operation and building up initiative and resourcefulness as well as health and working power. Conceive of this play leadership applied to all of us, old and young, male and female. See a group of middle-aged business men playing volleyball in the Y. M. C. A. and you will think them a lot of joyous young lads. Let this recreational leadership be applied to the schools of your communities as it is to the schools of Milwaukee. There the buildings are open for evening activities which include splendid neighborhood dances every Saturday night; choral and orchestral musical organizations; dramatics; athletic sports; study classes; lectures; picture shows; and the bringing of families together in recreation. Competing with the 832 pool rooms of Milwaukee—of which over 800 are connected with saloons—the young people are even given opportunities to play pool in the school centers under wholesome influences.

I have tried to give you some little vision of why it is that we of the "Playground and Recreation Association of America" have for nine years been endeavoring to affect American civilization through the vital leisure-hour influences—why we have had field men, like Mr. Settle and myself, taking hold of the towns and cities, one by one, and sticking to each community, fourteen weeks in Milwaukee, ten in Richmond, fourteen in Birmingham, until that community has developed such a recreational leadership as I have tried to picture, systematically changing its leisure hours from liabilities to assets.

I want to tell you one more story, of "Piggy" Smith. He was a little five year old boy who lived back of "Neighborhood House," where Mrs. Weller and I lived for five years, in Washington, D. C. "Piggy" was very dirty and ragged and a very bad

little boy. His mother seemed to have no affection for him. When her latest baby came, she said she did not know why God sent her another baby; she had five already and they were all bad—especially “Piggy.” In truth, “Piggy” was pretty bad; he used to spit on our wrestling mat and, when we argued against it, he said “Huh! guess I’ve got a right to do it—I paid my penny.” He would throw stones at the girls in our back yard playground and when Mrs. Weller went out to remonstrate, “Piggy” ran to the alley gate and shouted back “Damn Wellers!”

A young woman volunteer came down one day to take a group of children to the zoo for a day of recreation. She was warned not to take “Piggy,” “ ’cause he’s so bad!”, but she took him. He was not only scrubbed, beautifully scrubbed, for the great occasion, but a big hole which he had in the knee of his stocking was repaired by taking grocer’s twine, running it round the edge of the hole and drawing the stocking into a pucker like a whistle. “Piggy” had a good time that day. Miss Stanton made a great deal of him. She discovered his name was Charlie and called him that. In the evening, bringing her little group into the big front hall at Neighborhood House, Miss Stanton said: “Mrs. Weller, I do wish you had been with us today, we’ve had such a good time, and I wish you had seen little Charlie Smith. He’s been so good! and I do think he’s so sweet.” And, suddenly, she knelt and kissed him. I cannot describe, but I never shall forget the sudden, marvelous look that came over that little boy’s face. A beautiful young lady had called him good and had kissed him. It seemed to us that for many months thereafter, in the kindergarten and on the playground, little “Piggy” never lost entirely that new light which sympathy had kindled in his over-darkened soul.

Something like that, it seems to me, is the spirit of our playground-recreation movement. We are trying to see the children of America as they really are, to get the bandages off our eyes and the preconceptions out of our aging hearts, to see our national wealth of young life as it really is. And, then, seeing it truly, I think we are trying through the play and recreation movement to do what Jesus said was both the purpose and the method of his life when he said, “I am come that they might have *life*, that they might have it more abundantly.”

Discussion

Mr. Thomas Slater Settle, New York, Field Secretary, Playground and Recreation Association of America: Before we attempt to discuss the various papers, especially the first one, Mr. Weller's, on behalf of the Playground and Recreation Association of America, I want to thank you for the opportunity given Mr. Weller and myself to meet you, our partners in the great business of promoting play and recreation. We feel we are the partners of you men and women who are working along the line of preventive medicine and we are glad you have put this subject on your program. This is a way of making people healthy as well as making them happy.

After hearing Mr. Weller's address, and hearing the two splendid papers* by the members of the profession, I think my speech is very much in the same state as Jimmie's trousers. When Jimmie thought he ought to put on long trousers, he went over to a neighboring store and got the merchant to show him several pairs of trousers, one of which was just what he wanted, except they were about six inches too long. The merchant said "That is all right, your mother can fix them, and I will throw off \$2.00 on the price." The mother was busy and said, "I cannot fix them tonight, I will fix them next week." Jimmie wanted to wear them to church, so he went to Sister Mary and she was busy, and said, "No, I cannot do it now." So he went to his grandmother; she said, "Yes, I can fix them for you." She cut off six inches and laid the trousers on the bed. In the evening along came Sister Mary, saw the trousers, and thought: "Jimmie will be so disappointed if he don't get his trousers," so she cut six inches off the trousers and laid them back upon the bed. After a while along came the tired mother and she said, "I don't want to disappoint Jimmie," so, tired as she was, she cut six inches more off of the trousers. The next morning, when Jimmie put them on, they looked more like a track suit than trousers. In the same way all the good points of the speech I might have made have been gradually cut away by previous speakers.

So I will only emphasize a few points that have been brought out. Mr. Weller touched upon commercial recreation and he did not have time to develop the idea that our Association stands for. We believe that commercial recreation can be an asset to any community. Dance halls, pool rooms, and other forms of commercial recreation need not be places that will drag our young people and old people down, but can be turned into community assets. We know the old adage that we should eschew evil, and so some of our churches rule that we must not go to this place or that, and not indulge in this or that activity,—not because they are evil, but they lead to evil. After awhile we develop the idea of competition; the Y. M. C. A. competes with commercial recreation; the churches are opening their parlors for social uses. Now we go a step further and propose the supervision, the regulation of all forms of commercial recreation.

*Play—Its Effects on Metabolism, Jos. P. Cobb, M. D. Play—A Factor in Mental Development, Anson Cameron, M. D. J. A. I. H., Aug., 1915, pp. 101 and 107.

I want you doctors to understand what I mean. There was a time when every man looked out for his own health. Now, the doctors are demanding that when there is a manure pile it must be cleaned away because it is a public nuisance. You are demanding that the groceries must sell nothing but very carefully inspected food. Now, in the same line, as there is a place for commercial recreation, it is as much your duty to see that citizens abate any nuisances in connection therewith, so that the commercial recreation shall be pure, as it is to see that the manure pile is cleaned away. It is your duty to see that whatever is handed out in a public place is morally fit, as it is to see that that which is handed out over the grocery counter is physically fit.

I have seen this worked out all over the country. I knew a place where the dance halls were a nuisance. The commissioner of police put through several good sensible regulatory ordinances. One was that no dance hall should be within fifty feet of a saloon. He closed up the red light district. The dance halls went out of existence. Now there is not a single one of these places in that city. The local pool rooms were also a place of evil. The ordinance was passed that no pool room should be run in connection with a saloon. He had the police tear down every indecent picture. The pool rooms were turned into a valuable asset. Bear that in mind as you go to your different cities, that we must make commercial recreation an asset rather than a liability, places where the people get pure milk and clean food, instead of adulterated food. Above all, no matter how good this passive recreation is, it needs to be superseded by active recreation. What we must do is to get every man and woman in America out into recreation in God's out-of-doors every day in the year. That is the object of our Association, that over 98,000,000 people every day in the year shall get out into some form of clean, wholesome recreation. Then the doctors will not have very much to do.

Mr. Weller mentioned the fact that there are 342 cities having supervised playgrounds. I want to say they are not the large cities only. In one of the smaller cities, some time ago, I spoke to some teachers. When I got through, one man got up and said: "Mr. Settle, I think you have insulted us. You have compared our fair little city with its clean atmosphere and wonderful climate, to New York, Chicago, and other unwholesome towns." I had to tell him it was not for those alone, but for every town. From the Appalachians to the Rocky Mountains appropriate recreation is needed as much as it is needed in the slums of New York or Chicago. The need is not confined to large or small cities, but wherever there are people with leisure time on their hands supervised recreation is needed. It is not needed in the slums alone.

We have had some experience and now, whenever I am called to map out for a city the playgrounds needed, and we can only put in a few, I am in favor of putting some of them in the best parts of the city so that, seeing them, resourceful people will be willing to assist in putting them into less fortunate districts. In Birmingham one of the best districts of the city has a playground in which we have had

our largest attendance. Children of parents worth \$150,000 to a million dollars come out to play, some of them coming from lawns that were so attractive they could not play on them, or if they could play there, they had to play by themselves.

Something was said about the relation of recreation to education. In mapping out a city's playgrounds there is only one system upon which to plan them. Every school needs a playground. When I go to a city and they have a system of forty or fifty schools and only a few little playgrounds, I realize they have only begun to grapple with the problem. The school yard of the future is going to have at least two city blocks, with the school located not in the center, but located at the end, where a front yard can be kept with flowers and grass and beauty, and the other part can be devoted to playing vigorous games. The children can go out at different hours, for one of their regular periods—arithmetic one-half hour and play another half hour, etc. Then when that ground is provided with apparatus and supervision, the fathers of those children, as they come back from the office, store or factory, can stop in to play a game or have some kind of recreation. It is coming to the older people as well as the children.

I believe in working on the basis of a broader educational program. Just as the public is learning we must have schools for adults, so the public school is going to realize it must give recreation to adults. Then each school building will have on the basement floor a gymnasium, auditorium, swimming pool and shower baths, used by the children during the day and by the older people during the evening, one central plant that will furnish recreation for the community. At little added expense we can furnish recreation for all. The recreation of the future is going to gradually revolve around the school plant.

This is a movement for adults as well as for children. We often hear about people failing in business and I believe you doctors will bear me out when I say there are more failures among business men from lack of play than from too much work. I learned at college that too much work made more failures on examination than too little, that those of us who stopped at five o'clock and went out and played tennis stood a better chance for examination than those who studied right through to the time of examination.

In one city recently I ran across a man, an architect, who had broken down. I lived next door to him, and one afternoon I went out to get some recreation. I gathered together some of the neighborhood children and asked, "Can you children get up a game?" Those children had been going to school where they were teaching different kinds of games. They said, "Yes sir, we can play 'Patch Ball'." I said "Teach me how." So we got out a ball and had such a pleasurable game that the architect next door was drawn out of his shell.

This architect was one of the most brilliant men I have known, stands high in his profession, yet he had gone from a position of great prominence to where he was doing practically nothing, because he neglected recreation. He began to have quarrels with people for whom he was building. He was so irritable they would get some one else.

He had rheumatism. He had become a broken down misanthrope. When he saw me out playing with those children, he thought, "If one man can do it, another can." He came out and played with us,—pitched. Every day he came back with more enthusiasm. Finally he had his whole family out for a picnic and they took along a bat and ball. I saw him afterward and he said, "We had the greatest time on that picnic that ever was. A fellow sits around so long that he needs a crutch. I did not mean half the bad things I said about my neighbors." That man who was a pessimist and a knocker is getting started toward optimism and success. His failure was due, not to lack of ability, but to lack of play and recreation. It is the children of his family who are going to lead him back to success if he ever gets back.

So, through the playground-recreation movement, I believe a little child is going to lead us to a richer and broader life in America.

Dr. J. E. Gilman, Chicago: A child has to learn everything through play at first. When the boy gets a little older he takes a piece of broomstick and it becomes a wonderful horse. The girl takes a rag and ties a string around it, and it becomes a baby. Or the boy takes a wheelbarrow, and it becomes an engine. Everything is growth. The amount of work that a child does, or the amount of play that he does bears some resemblance to the mind of the boy at the table. His mother was cutting the pie for the family. "Is all that for Pa?" "O, no, that is for you," his mother said. And he said, "What, that little piece?" When I was a boy we got to work to build a snow fort. In one evening we rolled up the snow until we had a big fort. If we had had that amount of work to do, we would have thought it was awful, but it gave us exercise and we wanted to do it, and when it was done we were tired and went to sleep.

The physical, mental and moral growth of a child is largely built up by these measures, more so than it is by work that might be given to him to do. I think these playgrounds that are being built are wonderful things in the way of keeping children out of mischief. It gives them something to do that is pleasant and harmless.

Dr. R. H. Street, Chicago: Dr. Cobb asked me to open the discussion on his paper, and I very promptly said I would, without having seen the paper. I rather reminded myself of the colored lady who went to the telephone and heard a voice saying, "Sister Jackson, will you marry me?" She said, "I sure will, Niggah; who is speaking?"

Dr. Cobb, in his most able and scientific essay, has brought to your notice one of our most valuable remedial and prophylactic agencies, play. He has told you everything about it except the dosage and the frequency with which it should be administered.

It is true, as he says, that the tendency for more systematic and better play has increased, but with it the Almighty-dollar-worship has also increased, making it even more essential today to insist upon regular play than ever before in the history of our country.

The dose should be as large as the patient can tolerate without marked interference with his daily business and study. It should not be prescribed according to the homœopathic principle, i. e., the small-

est amount that will effect a cure, but should be given in large daily doses with an extra amount on holidays. In other words, every one, especially the business and professional man, should so arrange his affairs that a part of each day be set aside for healthy out-door exercise. A good working formula is that the worst out-door air is better than the best in-door air. It is the physician's province to so advise his patients. It is a mistake to postpone little daily pleasures for a big one of the future, such as an annual vacation of from two weeks to a month.

The great trouble with many of us is that we take life too seriously. It is really a beautiful gift which should be made up of three parts, equally divided between work, rest and play, devoting eight hours of every twenty-four to each.

Dr. George G. Caron, Detroit: It is hardly possible for me to criticise these papers. I endorse very cordially what has been said. In listening to the various speeches and papers, we often wonder why this phase of preventive medicine has not been taken up more thoroughly before. It is eminently proper that the medical profession should take up this question, but it should not be participated in by them as charity or as philanthropy. Medical men have to supply bread and butter to the family, and they should be recompensed, and from their education they should naturally be better fitted for this line of work than any other class of people.

Dr. Cobb's plea has brought to my mind many phases of enlargement upon the topic of metabolism. I would like to know and see the effect of play immediately after a meal, what effect it has upon digestion, what possible effect it might have upon elimination, especially of intestines and kidneys. This would open up a line of investigation.

It opens up the necessity of individualizing each child before he enters the playground. That may seem for effect and unnecessary, but I have in mind a serious condition from allowing a child to engage in a contest of play who had had tonsillitis followed by organic heart lesion, and this child engaged in a football game, which resulted seriously. That brought to my mind the idea of individualizing in the kind of play and the length of time the child should engage in play.

Dr. John F. Edgar, El Paso, Texas: It is nice to have pure food and water and air, but we as homœopaths represent a law of nature. You can make play as teachable as the lesson that precedes and demonstrates that lesson and the impression will instruct. There should be a teacher of play as also a teacher of elocution, of music and other things. A correctly educated teacher can overlook the play to a certain extent, that will demonstrate the lesson of that day, and it will be impressed on their minds. You know when reading the history of Hahnemann's life, he had "teaching lessons." My father also used small notations and the impression, *via* the vision as also the hearing, made it more easily remembered. If you have a teacher, a so-called professor of play, he should follow the lesson that has been given and make the play similar to that. All things should be supervised.

Dr. Edward Beecher Hooker, Hartford, Conn.: The keynote of the

recreation movement today is leadership, as has been emphasized by the two experts who have spoken to us. It is not sufficient to provide simply the facilities for recreation—there must be leaders. If you keep track of the programs of the meetings of societies for correction and charity, you will find this year that note of leadership emphasized. It is interesting to note that our medical societies also are advocating systematized recreation today as a part of the great movement of prevention. I have had some opportunity for the investigation of social problems and there is no question whatever of the prophylactic nature of recreation in keeping boys and girls from getting into bad personal habits and habits of vice.

I believe, although Mr. Weller intimates to the contrary, that games are played just as much now as in the past. (I regret duck-on-the-rock, prisoner's base and that type of game we used to play when the cities were smaller.) Football was never played so enthusiastically as it is today. There are matches in Hartford between teams from every district school, which excite great interest. The recreation which girls now enjoy is more general and of greater variety than formerly—tennis, basket ball, golf, such sports as these. And as for adults, it is remarkable the way the parks are made use of for golf, tennis and baseball, showing the hold that recreation has obtained upon the people in general.

A group of men in Hartford were greatly stirred by the "men and religion" movement a few years ago and determined that the impetus gained then should not be lost. We organized in one of our churches a social service committee, which has been in existence ever since. We divided a portion of the city into sections and each one of us on that committee has a street over which he has voluntary supervision. We have no official capacity, but, so far as in us lies, we know what is going on in our streets. I have such a street and I know the condition of every back yard on that street, and how many saloons there are and where located. When there is an attempt to put a new saloon in this district our committee investigates the matter and so far has prevented any increase in the number of saloons. We know where the playgrounds are and where they are needed.

The difficulty is to get convenient playgrounds. In most cities they are provided somewhere, but often they are too far away. I notice that in New York they are keeping traffic out of certain streets and letting children play in them. A city which is asphaltting its streets should asphalt first those in the poorer districts. If the children are to play in the streets, give them asphalt to play on and an improvement in their back yards will follow.

A concrete illustration of the moral prophylaxis of recreation came to my knowledge recently. It is regrettable, but nevertheless true, that some boys and girls form bad habits and indulge in evil practices when very young. It is not infrequent that boys and girls make attempts at sexual intercourse before the age of puberty. In a back yard, which was enclosed by a high fence, in an overcrowded district, a group of boys and girls were accustomed to play. A man working in a tinshop

was able to look directly down on this yard and observe what was going on in it, while the actions of the children were hidden from persons on the ground. He saw these boys and girls—some of very tender years—amusing themselves by having sexual relations with each other. One girl in particular, larger than the others, was very popular with the boys. The man was much concerned by these practices and took the pains to learn who the girl was. He went to her mother and told her what was going on. What do you think she said? She said, "Oh, let her have a good time now while she is young—she will have trouble enough when she is older." Such a mother deserved such a daughter. Soon afterwards a well-equipped recreation ground was opened close by. This back yard was emptied and the vicious practices ceased, the boys and girls preferring wholesome games in the public playground. This well illustrates what recreation will do to prevent vice.

CASES ILLUSTRATING THE DANGERS OF SALVAR-SAN AND KINDRED PREPARATIONS IN THE TREATMENT OF SYPHILIS*

By William Olin Forbes, M. D., Hot Springs, Ark.

In presenting these cases I do not wish to be understood as believing that all cases of syphilis are injured by the administration of salvarsan, neo-salvarsan or kindred arsenical preparations. The cases I am reporting are but a few of those that have come under my observation, since these preparations have been in use, cases that have been seriously injured by their administration.

Case F—582—Age 38, Tabes Dorsalis.

This patient presented a typical case of tabes with the initial lesion twenty years previous. He had no secondary symptoms, had but little treatment and was advised at that time to wait until something developed before continuing his treatment.

Nineteen years later he began to develop symptoms of locomotor ataxia, and was advised to go to Hot Springs, Arkansas. When he consulted me, I confirmed the diagnosis beyond all doubt. I prescribed the tonic tub bath, temperature 95 to 97 degrees, ten to fifteen minutes, followed by shower and spinal douche, with the temperature reduced to 70 degrees. He was given such other treatment as was indicated, which in this case was mercurial rubs, iodid of soda, 30 drops after each meal, and 1/40 grain of strychnia before each meal.

*D. and G.-U. Bureau, A. I. H., 1915.

The improvement was remarkable; after eight weeks he returned home for the holidays, with instructions to return in March for another course of treatment. In December, while at home, he was given an intramuscular injection of salvarsan. This was repeated the following March and again in May. In July I saw him at his home and found that in every respect his condition had become much worse. He was partially deaf, totally blind, could not walk without assistance, and was using a drug to control his pain. He has since died.

This case would have progressed nicely under the old form of treatment, and would probably have been living today had he not been given arsenic.

Case L—371—Age 42. Incipient Tabes.

This case consulted me March, 1911. History of the initial lesion ten years previous. No history of secondaries. He had taken but little treatment and had been pronounced cured.

I prescribed tonic baths, put him under mercurial inunction and gave him iodids, with such other remedies as were indicated from time to time. He remained in Hot Springs for six weeks and returned home very much improved. I gave him a letter to a physician outlining the treatment I had given him, advised him to take interrupted courses of treatment for a year and return to Hot Springs the following fall. He only kept up his treatment a short time and was advised by a friend to take salvarsan, which was supposed to be a quick and sure cure.

He was given an injection of salvarsan, which was repeated three months later, after which time he was given a sodium cacodylate injection in the buttocks each week for twelve weeks. He became very nervous, despondent and depressed, developed severe pain in his back, in his arms and in the left leg between the hip and knee; lost considerable weight, his bladder became tight and he was very constipated.

He returned to Hot Springs with the above mentioned symptoms. The diagnosis at this time was a well established case of locomotor ataxia, with too much arsenic.

Upon examination I found four or five large nodules in each buttock, more or less painful to touch. He was again put under treatment and responded very well for a period of four or five weeks, then one afternoon he slipped and fell, striking heavily on the left buttock. The following day the pain in the left leg had disappeared, but he was unable to use his left thigh as formerly.

It seemed very weak and forty-eight hours from the time of the fall the flexor muscles of the left leg were totally paralyzed. This gradually extended to the right leg and by the fourth day he had no use of either limb.

I continued the inunctions and iodids, pushing the same to the point of toleration, gave him tonic baths and light massage. He improved some, but was not able to walk alone when he returned home. I have recently heard he was in a very serious condition and no hopes for recovery are offered. Rupture of the nodules due to the fall, followed by free absorption of arsenic, is undoubtedly responsible for the paralysis in this case.

Case H—477—Age 53. Tabes.

Gives no history of initial lesion.

In January, 1914, he began having shooting pains in feet and legs. Consulted his family physician, who advised a Wassermann. The same proved positive and he was given seven injections of salvarsan and neo-salvarsan, three of the former and four of the latter, covering the period between July, 1914, and January, 1915.

In March, 1915, he consulted me with the following objective and subjective symptoms: Eye and knee reflexes totally absent, pulse 96; had lost sixty pounds in weight in the past eight months, was very deaf; complained of pain in legs, arms and chest; stiffness in the muscles of the legs; had difficulty in going up steps; was anemic; functions were all inactive, and patient was very despondent.

He was advised by his physician to go to Hot Springs and take the "sweat baths to boil out." He had taken a few with temperature 100 degrees before he consulted me. I immediately reduced the temperature to 92, followed by shower and cold spinal douche; also advised inunctions of mercury and iodids and such other remedies as were indicated.

He showed no improvement, was gradually becoming weaker and returned home without any benefit.

These are just a few of the cases that have come under my observation in the last few years, cases that I believe have been materially injured by the use of arsenic preparations.

It is not customary to have such results as these from the old time treatment, and I am positive that we get more lasting results from the use of the mercury, iodids and baths than we do with the interrupted doses of arsenic preparations. You will notice

that in all of these cases there was very little early treatment and none of them presented secondary symptoms.

It is my experience that it is in this class of cases that we have the most serious late results. Almost invariably the nervous manifestations are found in cases that have nothing but the primary lesion, with little or no treatment.

I do not wish to be understood as saying that there are no cases in which the arsenic preparations are not of some benefit; however, I wish to go on record as believing that they are far from specific and that their indiscriminate use has caused more harm than good in the treatment of syphilis.

Discussion

Dr. Ogle, Indianapolis: I was somewhat glad to hear the Doctor modify his report of cases, just at the last, when he made the remark that he didn't wish to go on record entirely as condemning salvarsan in the treatment of syphilis. It occurs to me that the Doctor's paper should have been entitled, "The Treatment of the late Manifestations of Syphilis," since that is what he had to deal with very largely. We all know that in all of our locomotor ataxia cases we can many times stay the progress of the disease. In fact, cases which have had very little treatment for months at a time will have a remission from their symptoms and improve. I have three cases on hand at the present time that get very little treatment. They refuse it, and they have improved quite a good deal by measures that they employ in taking care of themselves. In these cases that the Doctor had, the Doctor asks a very pertinent question, in my opinion. The cases that the Doctor reports that were much improved undoubtedly indicate that the treatment they received was beneficial. Whether or not they had reached the limit of their improvement under such treatment must, of course, remain problematical. As to the use of neo-salvarsan or salvarsan in the early stages of syphilis, I certainly would feel very much handicapped if I had not the advantage of using it at the present time. My experience probably is not as extensive as some, probably only six or eight hundred injections that I have given, but my experience has been very satisfactory. The intramuscular injection of either the salvarsan or the neo-salvarsan I have given twice and those are the only two cases in which I have had any trouble whatsoever. I prefer the intravenous and I have gotten just as good results from the intravenous of salvarsan or neo-salvarsan in the late manifestations as I have in the earlier ones.

Dr. Collins: I am a friend of salvarsan and salvarsan has been a friend to me. I am also a friend of mercury and mercury has been a friend to me. If I should have to part with either one I think I could best part with salvarsan and would stick to old mercury, but why let go of either if they are good? We have simply added one more good remedy to our armamentarium and I shall continue to use both.

I prefer to start my treatment with mercury. It matters little whether it is given by way of inunctions, hypodermics or tablets of mercury internally administered. After a period of three or four weeks of mercury then I give a dose of salvarsan. This is followed by another period of mercury and again another salvarsan. I am convinced the best results are obtained in this manner. Immediately after a dose of salvarsan I give a capsule containing five grains of blue mass and one grain of cascara at a dose, one capsule at night for three nights, then every second night until ten capsules are taken. I rarely give iodids in the early stages of the disease but very often combine tonics with my treatment.

Too much stress has been placed upon a single dose of salvarsan. Many people, and some physicians, think that a single dose is sufficient to effect a cure and after it is administered they cease to give the case further attention, believing that the great cure-all has accomplished all that is to be done. From three to ten doses of salvarsan is to be recommended in all cases, in alternation with such other treatment as may seem called for.

Dr. Forbes (closing the discussion): I think the inunction method the very best means of mercurial medication in the treatment of syphilis. Our method at Hot Springs differs from the cycle system generally used. We employ regular attendants who apply the mercury to the back each day after the bath, rubbing same for fifteen to thirty minutes, depending upon the size of chart used. The attendant uses large rubber mitt, each patient having his own. The mercury remains on the back from one bath to the next; the patient wears a light gauze undershirt to protect other garments. An ounce of mercury is divided into 4, 6, 8 or 10 charts or papers. Little or no irritation results if rub does not follow too soon after the bath.

I wish I could explain to you the benefits derived from the baths. At the Government bath house there are from 500 to 700 indigents bathed daily. The majority of them are suffering from syphilis of some form and but few receive regular medical attention. The Government bathes these people free, but does not provide medicine or medical service for them. It is gratifying to see the benefits derived from the baths alone in their cases, proving beyond doubt the great beneficial effect of the hot waters. I wish the physicians of the United States interested in this subject would visit Hot Springs, stay there a few weeks, and see for themselves the wonderful results obtained in these cases.

The radioactive baths, together with mercury and other indicated remedies, have certainly cured thousands, and have produced no bad after effects. As far as the arsenical preparations are concerned, the Doctor misunderstood my paper. The cases all had tabes before coming to Hot Springs. The trouble also developed in each case before taking salvarsan; however, I have seen more early tabes (during the first and second year of the disease), since the introduction of salvarsan than I ever did before its use became general.

The first case I mentioned developed his deafness and blindness

after three injections of salvarsan. Previous to that treatment he had no trouble whatever with either sight or hearing. The second case was very interesting and I am sorry did not bring out more discussion. I cannot see why this patient developed a paralysis of the flexor muscles of the thighs if the arsenic was not responsible.

According to Dunham, "Arsenic exhausts the vital powers of certain organs or systems or of the entire organism, produces symptoms of impeded activity in the functions; indeed, in some cases positive paralysis." If Dunham is correct, isn't it probable arsenic produced the paralysis in this case?

If the baths, mercury or iodids had anything to do with this condition. I was in hopes it could be shown. A year or two ago I was not so sure but that salvarsan or kindred preparations would supplant the old proven remedies in the treatment of syphilis, at this time, however, I thoroughly believe mercury, the iodids and other indicated remedies are the best, safest and surest, while arsenical preparations are only indicated in selected cases and are by no means specific.

SKIN CANCER AND TUBERCULIDES

Discussion* by Frederick M. Dearborn, A. M., M. D.

[Closing the discussion on Skin and Mucous Membrane Cancer.]

Dr. Dearborn: Most of these questions were asked under a wrong impression as to the scope of the paper. In the last part of the paper I carefully avoided specific technic. I did that for a purpose, for there is no limit to this subject.

I will answer the questions briefly. To reverse the usual order and reply to the last speaker first: Dr. Harris speaks of a precancerous condition. I did not refer to a precancerous condition anywhere in the remarks I made. I was speaking of the post-and preoperative treatment of real cancers.

When Dr. Barker mentioned the doses and Dr. Stevens the massive doses, it suggested to me the thought that a majority of the gentlemen who usually attend the meetings of this bureau will bear me out that for a good many years I have been harping on massive doses, inasmuch as during the last five years I have not been using anything else. Dr. Collins possibly remembers that two years ago here in Chicago at the Illinois State Society I indulged in a discussion on that subject. When I speak of a massive dose of x-rays, I mean a dose that is measured with exactitude by a radiometer and a radiochromometer and not approximately by other methods. Anybody who thinks he can stand behind a screen and guess at a massive dose without the assistance of instruments of precision, is welcome to the idea, but it is tough on his patients. You must have a radiometer and a radiochro-

*Skin and Mucous Membrane Cancer, Dearborn, J. A. I. H., Oct., 1915, pp. 375-381; Tuberculides, Collins, J. A. I. H., Oct., 1915, pp. 431-434.

nometer and there is no other way out of it. The reason they have burned hands, can be traced to the experimental stage through which all developments must pass. I have been using radiometers and radiochronometers, somewhat crude in years gone by, for twelve years and I have been x-raying only fifteen years.

In reply to Dr. Krauss' question of effect on growth or effect on pain consequent to growth, it has been my observation that it had a distinct effect upon the growth.

Dr. Stevens speaks about the surgical attitude. I think in a general way I agree with him. But I tried to be fair in this paper and give the surgeons a chance and admit that they are occasionally right and they occasionally really have the best of it, because I don't think we have any right to take a hopeless case and hold out hopes to such from our methods any more than we should from surgery. I would like to use a combination; to be able to x-ray it, as well as to have surgical work. I do a great deal of postoperative work; some of it is very satisfactory.

Now, coming to the question that Dr. Collins asked, what I consider a massive dose. I would just like to discover whether Dr. Collins, when he speaks of "radio," is speaking of radium bromid, mostly imported in tubes from the laboratories of France and Germany, or whether he is speaking of the domestic article. All of my radium came from foreign laboratories; most of it I brought over myself. It was eleven years ago in Chicago, at the American Institute meeting, that I read the first paper on radium that I ever read, and Dr. Collins discussed it. Every year I have my radium measured or weighed by the most competent authorities. I have it done in Washington and that radium is what I use for my massive doses. It is a question of radioactivity, of time and of distance. When I mentioned in my remarks that I had given it from four to twenty-four hours I merely meant that to give you a little idea of the time. Mine was not a therapeutic paper, I beg to remind my hearers.

Dr. Collins spoke of the malignancy of epithelioma. I used the term epithelioma as representing a malignant growth and nothing else. To answer a final question, I find solidified carbon dioxid a very useful adjunct in connection with lots of things but not absolutely by itself, as many would believe.

[*On Dr. Collins' paper, Tuberculides.*]

Dr. Dearborn: I always feel when I hear a paper on tuberculides as I felt just recently when I was reading my paper on skin cancer,—it is almost impossible to cover the subject adequately.

Taking up one feature that the Doctor dwelt upon, namely, the deeper significance of the tuberculides, some of them are classified as paratubercular, and I believe they have a greater relative importance than many dermatologists appreciate. I have made it a uniform practice to find out if such cases have general or lung tuberculosis. The only other feature that I would mention, concerns erythema induratum. Dr. Collins gave some details as to its typical symptoms. It has only recently been classed with the sure-enough tuberculides, as the result

of the discovery of the tubercle bacillus in the lesions. I have tried to demonstrate this fact, clinically, a number of times without any success whatsoever. Only last year I had the opportunity of having a case come to a postmortem, a case that had died from another disease. A very careful postmortem examination failed to find the tubercle bacillus.

LABORATORY STUDIES UPON THE ACTION OF KALI BICHROMICUM*

By Albert E. Hinsdale, A. B., M. D.,

Professor Materia Medica, College of Homœopathic Medicine,
Ohio State University, and Director of Materia
Medica Research Laboratory

A materia medica laboratory has recently been established in connection with the College of Homœopathic Medicine of Ohio State University, to be devoted, among other purposes, to research work in drug action. This year a special investigation was made with kali bichromicum upon animals to verify previous work, and if possible to add something new to its symptomatology, laying especial emphasis upon drug pathology. It was found that among the common animals rabbits react best to the drug, producing the most typical changes both functional and pathological; consequently this paper will be a report of the findings as observed in seven full grown rabbits.

The experiment was begun by administering 40 mgs. of potassium bichromate per os twice daily with a gradual increasing dose until 400 mgs. twice daily were given in a period averaging 31 days, at which time the animals died as a result of chronic poisoning.

The following is a brief résumé of the objective symptoms which the drug produced while the experiment was in progress: (1) a marked sluggishness in movement was noticed in all of the animals beginning about the seventh day and lasting until the experiment was completed. The dose administered was 40 mgs. for three days, 60 mgs. for two days, and 120 mgs. for three days respectively. Coincident with this symptom of sluggishness a marked lack of appetite was observed which

*Bureau of Clin. Med., A. I. H., 1915. Published in full in *The Polycrest*, July, 1915.

lasted until death. In the above two symptoms, the sluggishness as the result of the paralyzing and weakening action, together with the lack of appetite, are verifications of the remedy as given in the materia medica. (2) The characteristic stringy, tenacious, muco- and non-purulent discharge from the nose made its appearance in four of the seven rabbits on the eleventh day, reaching its maximum quantity on about the fifteenth day, and remained constant from that time. At the time when this symptom was manifested the drug administered had reached 190 mgs. twice daily. A chemical and microscopical examination of the discharge proved it to consist of mucus and a few non-pathogenic bacteria. (3) A yellowish red diarrhea made its appearance towards the end of the experiment, signifying that the inflammation had extended into the intestines. Herein we also find a confirmation of the symptomatology of the drug as regards its action on the intestinal tract. No rise in temperature was found throughout the experiment, thus supporting what Dr. T. F. Allen said years ago, that fever was never an accompaniment of the kali bichromicum condition.

Some original research work was done on the blood changes produced. A blood count made on ten healthy rabbits showed an average of 5,575,000 red cells, and 5,675 white cells per cubic mm. It will be observed that these figures are almost identical with those of normal human blood. Periodical blood counts on the treated animals revealed an anemia, as low as 2,500,000 in two cases, also a marked leukocytosis. Dr. T. F. Allen is authority for the statement that anemia is a characteristic effect of kali bichromicum. He probably arrived at this conclusion from purely objective and subjective symptoms as found in the original provers. In our experiment Allen's conclusion is verified by microscopical evidence.

The opsonic index of healthy rabbit blood was found to average six after several trials, using the micrococcus pyogenes albus as a basis with a period of incubation of 30 minutes at a temperature of 40°C. A marked decrease of the opsonic index was demonstrated in the treated animals giving an average of three, using the identical technic as given above. Many attempts were made to infect rabbits with different ulcer-producing germs, with the idea that if kali bichromicum should then be given, those animals receiving the drug would recover quicker from the ulcerative process than similar animals used

as controls. It was found, however, that it is impossible to so infect rabbits; but by mechanical irritation of the nasal mucous membrane of a rabbit's nose a simple ulcer may be produced. In this manner, four rabbits were caused to be afflicted with ulcers and two of such rabbits were given kali bichromicum, 3x trituration, four times a day. These rabbits recovered from their ulcerative conditions ten days before those did who were used as controls and who received no drug. Likewise, the opsonic index of the first two rabbits came to normal much sooner than did that of the later two animals. In view of the fact that the bichromate of potash causes nasal ulceration, and that simple ulcerative processes of the nose heal sooner while under the influence of the drug than without, the claim of the materia medica in this connection seems to have received actual scientific verification.

As stated before, a marked decrease in the opsonic index was demonstrated in the treated animals. In this connection the fact that a leukocytosis existed must not be confused with a lowering of the opsonic index, as the terms are not synonymous, a fact which is often misinterpreted.

Each animal was subjected to a thorough post mortem examination and it was found that the organs principally affected were the stomach, kidney, heart and liver.

Macroscopically the stomach presented the following salient features: Overdistention in five cases, congestion of the blood vessels of the fundus, a purplish hue in three cases: no complete perforation in any case; the stomach wall was easily torn, which was not due to the thinness of the wall but to its fragility. On opening the stomach it was found that the mucous membrane was covered with a thick, tenacious, stringy mucus showing the organization of a fibrous exudate, which could not be removed by washing in any case. Beneath this lining appeared an irregular circumscribed ulcer measuring about 25 sq. cms.; the musculature beneath the ulcer was practically destroyed.

The microscopic examination of stomach tissue revealed features as follows: The common infectious bacteria could not be demonstrated in any case, the villi in the immediate vicinity of the ulcers were enlarged and extremely congested, the glands in the submucosa were obliterated; there was a strong tendency towards separation of the serous from the

muscular coats. Indentations were noted where the mucous and submucous coats were lacking which was true only in the areas principally affected.

Before going into the pathological findings of the other affected organs, it will be appropriate at this point to draw some homœopathic deductions as regards the prescribing of kali bichromicum in gastric disorders, based upon the conditions which have been enumerated. Given a case of chronic gastritis, induced by constant irritation, as result of excessive beer drinking for which the remedy is so typically indicated, an identical counterpart of the pathological conditions of a kali bichromicum stomach would exist. One would expect to find a furred tongue with a yellow patch at the base. This perhaps accounts for the sensation of a hair upon the tongue, also that the food is tasteless, with a lack of appetite. The stomach is lined with a fibrous exudate organized from the hypersecretion of the muciparous glands to which the following characteristics of the symptomatology may be attributed: Nausea, with vomiting of thick, stringy mucus, stomach disordered by any but mild food. The stomach cannot functionate properly, due to a destruction of the peptic and other glands, which were shown to be obliterated. Food lies like a load, causing, as reported, the overdistention. The stomach swells up immediately after eating, as a result of the fermentative changes that rapidly take place, and organic acids are formed in excess, causing the symptom, "vomited matter is sour and mixed with clear mucus." Also, in this hypothetical case, there is distress and burning rawness in the region of the upper epigastrium due undoubtedly to the infiltrated ulcerated areas already described. Dysenteric attacks voiding mucus and blood which may be expected as sequela from the stomach conditions, the inflammation progressing along the alimentary tract. This diarrhea was reported in the animals upon which the experiment was performed. After this manner, eight of the salient indications for the prescribing of kali bichromicum in gastric disorders, as given by many authors, have been verified.

The anemic condition which was reported was secondary in nature, based upon improper elimination and digestive disturbances. In the materia medica we also find a symptom of deep seated ulcers to which the lowering of the opsonic index can well be accredited.

Concerning the kidney findings, the following are the principal features; macroscopically, the kidneys showed marked increase in size in four cases, and upon the surfaces were noted circumscribed spots of a deeper hue than the surrounding tissue; microscopically, the kidneys showed cloudy swelling markedly present, increase in interstitial tissue especially in the cortical portions. In general, the findings presented a perfect picture of a beginning parenchymatous nephritis. Owing to the fact that in only two cases a sample of urine could be obtained from the urinary bladder on post mortem, a complete tabulation of urinalysis was impossible. However, the symptoms of kali bichromicum as regards suppression of the urine were verified by the condition just mentioned. In the two cases in which urinalysis was possible, one case showed a marked albuminuria; in the other case the bladder was filled with a yellowish semifluid substance which could not be definitely analyzed. In it were found epithelial cells from the pelvis of the kidney, ureters and bladder. The bladder wall was so thinned that it was almost transparent. From the analysis of these conditions it is only logical to believe that the therapeutic use of kali bichromicum in affections of the urinary organs can be very much enlarged, especially where a nephritis coëxists with gastric disturbances.

In every case there was a marked dilatation of the heart and by taking into account the condition of the kidneys this phenomenon can be accounted for very easily. The valves were all normal and microscopical examination revealed no evidence of muscle degeneration or any other pathological condition; therefore, the enlargement of the heart must have been due to increased blood pressure. The opinion from these findings is that kali bichromicum affects the heart secondarily, by establishing a vicious cycle. An attempt was made to record by kymographic tracings the blood pressure and the heart action, but owing to the small calibre of the arteries in rabbits and to disproportionate apparatus, the effort was abandoned.

Concerning the hepatic post mortem conditions the liver was markedly enlarged in five cases; of a very pale, almost straw color in three cases and exceedingly friable in all instances. The microscopic investigation presented fatty infiltration, also a noticeable increase of soft fibrous tissue between the acini. Authors of homœopathic materia medicas

have laid very little stress on the use of kali bichromicum in hepatic derangements. Here again, the symptomatology of the remedy may be enriched, especially where diagnosis of common or alcoholic cirrhosis has been established.

From a pathological standpoint it would seem, in view of the abnormal conditions produced in this experiment that kali bichromicum would be indicated in the following conditions, its effect being either palliative or curative, depending upon the severity of the pathological condition in each case:

(1) Conditions of generalized weakness, bordering on paralysis.

(2) Catarrhal conditions of the nose and stomach characterized by tough, stringy mucus.

(3) Certain forms of enteritis characterized, for the most part, by a yellowish red diarrhea.

(4) An absence of fever in any condition may indicate the possibility of kali bichromicum being the remedy for the condition in question.

(5) Anemic conditions, with a lowered opsonic index of the blood, when caused by improper elimination and digestive disturbances.

(6) Ulcerative conditions of the nose and stomach.

(7) Dilatation of the stomach.

(8) Gastritis when induced by constant and prolonged irritation.

(9) Incipient or moderately advanced cases of parenchymatous nephritis.

(10) Dilatation of the heart, especially that form resulting from coëxisting kidney lesions.

(11) Pathological conditions of the liver characterized by fatty infiltration and an increase in soft fibrous tissue.

Most of the above mentioned therapeutic possibilities of kali bichromicum have been mentioned by previous writers and several of these conditions are well known to be benefited by this drug. There are, however, two or three possible therapeutic uses of the drug, as enumerated in this list which, to the writer's knowledge, have not received previous mention: namely, the use of kali bichromicum in dilatation of the stomach, and dilatation of the heart; also, the exact blood changes which the drug produces, have never before been definitely determined. Should any practical results ever follow the pre-

scribing of kali bichromicum in these two or three conditions the time and effort expended in carrying out this experiment may not have been altogether in vain.

There may be those who would question the deduction of applying the results of findings upon animals to the treatment of the human. In answer to this it may be stated that it is obviously impossible to push to its full limit the effect of any drug upon human beings. Also there is very little difference indeed between the function, structure and pathological possibilities between the organs of the brute and the corresponding tissues of man. Lastly, it may be said in this connection that, whenever drugs have been used in the treatment of the human sick because of the fact that such drugs produce similar pathological conditions in animals, in each instance the expectations of the prescriber have been fully justified.

Lastly, the question may be asked as to the practical value which such drug studies serve. The answer is to be found in the valuation which the prescriber places upon pathology as opposed to symptomatology as ordinarily understood. Those physicians who regard pathological conditions as factors which go to make up the complete totality of symptoms, in any given case, and who consider that pathology and symptomatology should go hand in hand in deciding upon a prescription, will attach great importance to the determination of the pathology of drugs. On the other hand, those of our school, who ignore pathology, and who, in prescribing for the sick, place their whole faith upon mere subjective and objective symptoms of drugs and disease, will find little to commend in such lines of investigation. The writer is of the opinion that any effect which a drug can produce is a symptom to be taken into consideration in prescribing, regardless whether such symptom is discernible by the microscope or test tube only, or, whether it is objective or subjective in character, as ordinarily understood.

There are many diseases whose symptomatology alone, as experienced by the patient and as seen by the physician, is all-sufficient upon which to base a prescription. Such diseases are apt to be purely functional in character. Again, other diseases, mostly of an organic nature, so affect the organism as not to produce any, or very few, objective or subjective symptoms; and if, in these instances, the pathology back of the condition

is not taken into consideration, there is little left upon which to base a prescription. A patient may be in an advanced stage of parenchymatous nephritis and be feeling so well as to be unaware of the seriousness of his condition. Here, owing to the paucity of symptoms, how could a remedy be prescribed without taking into consideration the pathology of the condition? Pathology and symptomatology should go hand in hand, and the wise doctor is one who recognizes the value of both without attaching any undue importance to either.

This paper is not written with even an attempt to make it an exhaustive treatise on the therapeutic action of kali bichromicum, but to be a study of the drug from a laboratory standpoint; to account or rather verify its previous pathological symptomatology by pathological findings; to expound a remedy in the light of scientific phraseology by the use of modern equipment, and technic; to act as a stimulus to investigators who are interested in work of this nature, and to prove that homœopathic treatment is sure, safe and scientific.

Discussion

Dr. Frank Branen, Chicago: What we need is to endeavor to establish in a scientific way what we have known hitherto in a clinical way. In regard to the two classes of physicians, the one who is a pathologist and the other who is a symptomatologist, there is no reason why these two cannot be reconciled. Any homœopathic prescriber who sticks to either one alone is lost. He will not make a successful prescriber.

Dr. Edwin Lightner Nesbit, Bryn Mawr., Pa.: I have a most profound respect for the paper Dr. Hinsdale has presented this morning. It represents work—work that is fundamental, rational and exact. From the standpoint of animal experimentation it is excellent. But, for practical therapeutic purposes for human beings there is one further phase of the study which should be undertaken. It must be accomplished—this experimental work upon the human subject—as the necessary complement, the cap-stone for which such animal experimentation represents the foundation courses.

However, in order to make our subjective and objective (human) symptomatology as trustworthy as Dr. Hinsdale has made this preliminary animal work, it is presupposed that we have developed a working-technic, a methodical procedure for controlling and authenticating, as well as developing subjective phenomena. My personal experience convinces me that we do now have just such a technical method, the scientific accuracy and practicability of which has been demonstrated.

I believe that we have now reached the time when representatives

from our several homœopathic medical colleges should come together and adopt some one standard procedure for Proving Drugs—something comparable to the technical procedure used by chemists the world over for making qualitative analyses. We need this now to round out and dovetail in with the work of such men as Mellon of Ann Arbor, Hooker of Boston, and Hinsdale of Columbus. We can ill afford to allow the work of the few men now engaged in research work in this particular field to overlap or fall of practical value through lack of team-work.

I have only suggested the indispensable importance of subjective phenomena—provided they are controlled and the symptoms thus made trustworthy. I have one more suggestion to make along the line of practical technic. We should now have a standard and more or less uniform nomenclature for human pathogeneses. It is no less important that we have this for Experimental Pathogenesis than for Anatomy, or Chemistry, or Bacteriology for two reasons especially, viz:—that the data acquired in different institutions may be comparable for statistical purposes; and, that these pathogeneses may be translatable from one language into another.

We have reached a point today when in India, and Russia, and other European countries the scientific world is more open-minded toward the principles underlying homœopathy. In order to make those principles convincing to scientific minds our data must be both trustworthy and readily intelligible though translation.

I believe that the work reported here today is one of the finest pieces of preliminary work done by our school *in its own particular field* for many years. I hope that it will be extended to include the necessary data derivable only from human subjects. The foundations without the cap-stone are of as little practical value as would be the cap-stone without these underlying foundations.

Dr. J. Richey Horner, Cleveland, O.: There is no question about the value of the work done by Dr. Hinsdale along this line of making our work scientific. It is that very thing we have hoped to have done. That very thing was in the minds of our people in 1904, when some two or three thousand dollars was placed in the hands of a group of men to use. Chicago subscribed another thousand dollars later on, and now they have a fund of approximately \$5,000 that is doing absolutely nothing but drawing interest. The association is incorporated, is self-perpetuating, and is awaiting its own time. It is unfortunate. The trustees of the Institute have been trying to devise ways and means of getting that money and changing the control of that body. So far we have not been able to do it.

Regarding the work which Dr. Hinsdale is doing, I had the pleasure of spending a day in his laboratory, and the thing that impressed me was the psychological effect that laboratory had on the students regarding *materia medica*. Now, you know, and I know, while we were in school we sat under our professors and took notes and tried to remember them, and we took the same notes for years, or checked them over, and it was hard to pass the examinations. Today, students

are handling drugs; they are seeing with their eyes what those drugs do; they are feeling with their fingers what those drugs are like; they are using more than the one sense of hearing in the study of materia medica. They are just that much more effective in the application. It has become to them a living thing, not the abstract thing, not books to be memorized, but a living thing. Those boys down in Ohio are vitally interested in materia medica. If you send your students out of college with a vital interest in materia medica, you will have a lot of fellows with a vital interest in homœopathy, and they are going to stick.

Dr. Harry E. Koons, Danville, Va.: If a student of homœopathy can have presented to him such clear, definite data concerning our homœopathic drugs as Dr. Hinsdale has presented, if this work can be carried on by such scientific men as Dr. Hinsdale, Dr. Mellon of Ann Arbor, Dr. Hooker of Boston and Dr. Nesbit and half a dozen other such investigators, and if their work can be correlated, that fellow will go out and practice medicine with clear, definite data, and **commanding** results.

Dr. Hinsdale (closing the discussion): Homœopathic therapeutics represents the best there is today for the treatment of the sick. We have no justification in existing as a separate school of medicine unless we do something along the line of drug therapy. We have rested too long on what Allen, Hahnemann and Hering did. They did great things, but there is more to be done, beginning where they left off. In preparing lectures on materia medica, there is nothing new unless it is done in laboratory work. Now, I do not want to exploit Columbus, but as one college prospers, all prosper, and we have the apparatus, we have the men competent to do this work. This summer two of the men are working on the action of chromium sulphate, which has been used empirically and clinically. One says it will do this, and another says it won't. One recommends it for all kinds of prostatic enlargement, another for fibroid tumors. We do not *know* anything about it. This summer it is being worked out. Next year, as soon as school begins, President Thompson has been so kind as to allow me to go out and get men and women who are not necessarily students, and pay them to undertake a proving of chromium sulphate, and I hope by the end of next year (it will take at least that long) to give you a scientific exposition of the therapeutic symptomatic range of that particular drug. See what this will mean, in ten years, even in five years. If we work out two drugs a year, verifying the old drug and introducing a new one, at the end of ten years we will have our materia medica almost half complete, scientific in character, and bound to attract at least the respect of the men of other schools of medicine. I am intensely interested, and the more I am in it, the more I enjoy it.

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. EDITOR

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Address all communications to The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.

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NOVEMBER, 1915

No. 5

EDITORIAL

The Opportunity in Medicine. The general news pages and the classified advertisements of the JOURNAL ADVERTISER seem to endorse the repeated statement of the deans of our colleges that there is a greater demand for physicians familiar with homœopathic therapeutics than there are physicians to fill these places. Hospital positions stand open to graduate students at fifty dollars a month or more. Towns and the smaller cities repeatedly announce opportunity for medical practice among a clientele preferring homœopathic therapeutics in their family service. Retiring physicians wish to place younger physicians in their practice.

A recent letter from the former editor of the JOURNAL, Dr. Horner, places these interesting statistics before the reader:

You will remember, perhaps, that I made a statement at Chicago concerning the number of members of the Institute resident in cities of less than 10,000 population. Or, to put it the other way, I stated that 75% of the members of the Institute live in cities of 10,000 or over. A count just completed in my office shows that 640 mem-

bers live in places of less than 5,000 population, 225 members live in places of between 5,000 and 10,000 population; making a total of 865 members who live in places of less than 10,000 population.

Obviously the larger cities have a greater attraction for the homœopathic physician. Why? Why do hospital positions at fifty dollars a month and living expenses go a-begging, when in the course of ten years these graduates of today will spend five hundred to a thousand dollars abroad or in domestic postgraduate centers for less opportunity than awaits them now in a big state hospital?

Apropos of a brilliant record of one of our younger men, a member of his faculty said, "Yes, I take a little credit to myself. I kept him out of matrimony in his student days. The kid student goes daffy, and then he has to buckle down to bread and butter work as soon as he can get his license." A prosperous practitioner, a graduate of one of our homœopathic colleges, doing a good practice in a town of five thousand, was asked, "Why not a member of the Institute?" "Well," he said, "I used to have ideals. But these people want the kind of medicine they have been used to,—something black in a bottle, or else bright colored, gelatin covered pills. I am no missionary. I don't make money enough to take two vacations. So I give them what they are used to and go fishing two weeks in August." A critical layman, commenting on the average medical faculty compared with the faculty of the average small college, remarked, "Your medical faculty is the most irresponsibly impersonal bunch existent. These young fellows are to be responsible for my wife's, my daughter's life. And yet you neither know nor care how they spend their time, nor what sort of men they are growing to be—and some of them are not out of adolescence—if only they pay their tuition, keep out of the courts and pass above seventy-five."

It is one of the obvious advantages of all-time faculty members that such members of the faculty may reasonably give a little consideration to the humane as well as the human side

of the medical student body. With the continued improvement in the teaching of medicine, there should be therewith, not only better conservation of the student body while in college, but a definite study of those sections of this country where lie particular opportunities for the extension of homœopathic practice. Local scholarships should be raised for the education of young people under the condition that the beneficiary spend a certain number of years in the locality furnishing the scholarship. Dr. Smethers, president of the Southern association, presents the opportunities in the South Atlantic states. *S. M. H.*

Homœopathic Practice in the South. We have the people, thirty-five million strong, living in cities, towns, villages, and country, who are anxious for the truth as contained in the homœopathic practice of medicine, and who like to give every one a square deal.

Financially, twenty-five millions of our people are in moderate circumstances, and every practitioner of medicine knows that this is the best class of people in the world to pay doctors' bills. Despite the fact that cotton is king, there is money all the year round because of the industrial and manufacturing interests that have come into existence largely in the past twenty-five years, and also because the soil and climate are such that we can grow almost anything.

The ten hundred and fifty homœopathic physicians in the South are only a drop in the bucket, compared to the future possibilities for our school in this vast territory, populated with an intelligent class of people, who are looking for the minimum dose of pleasant medicine that will effect a cure.

Young man, or woman, if you are a cultured, refined, religious person, with a knowledge of homœopathy, trained in skill and technic as a physician, there is no greater opportunity for you anywhere than in the South. *A. L. S.*

Postgraduate Work. During the past year correspondence has been published in the JOURNAL relative to a postgraduate school in homœopathic therapeutics. The names of Dienst and Paul are identified with this petition. The Council on Medical Education in its comment on a postgraduate college reports that the Council is "already at work on such plans." Meanwhile, each college is doing something in the way of offering special graduate courses, and the College of the New York Ophthalmic Hospital and College continues its graduate work in eye, ear, nose and throat. Dean Deady, in the *O. O. and L. Journal* for August, presents the requirements of graduate work in such fashion as merits serious consideration:

We have at least two distinct types of students to deal with; the first, the inexperienced man, who for his own best good must be supposed to have no knowledge whatever of the subjects taught, and who must be credited with the desire to undergo the most thorough preparation for his future life work; this to be based on the broad groundwork of a thorough drilling in the embryology, anatomy,—both coarse and microscopic,—bacteriology, physiology and pathology of the subjects considered, supplemented by a large measure of didactic and clinical teaching of the etiology, diagnosis, prognosis and the various methods of treatment of disease, both medical and surgical. The result, given a man of fair average intelligence and industry, will be a competent and well-equipped physician in his chosen specialty.

For the second type of student much of this curriculum is unnecessary. The elementary portion of it he has acquired, perhaps, years ago, and his years of special practice have made him familiar with much of the rest of it. As before stated, he feels himself lacking in certain directions and he comes to the medical center to perfect himself in these particulars. He requires intensive courses in the comparatively few subjects in which he is interested; not simply going over the subject once, but repeating and "digging in," over and over, until he has it firmly fixed in his mind. For him the clinical school is the best, where he can choose his subjects and put his whole attention upon them. Clinical schools? Yes, but not the average clinical school as it has been conducted in the United States, where the student pays his money and is allowed the valuable privilege of picking up such knowledge as he can on his own initiative. In the past our clinical schools have suffered in competition with those of Europe, because of their careless methods. There has been no such "grilling" work done here as, for instance, there is in Germany, where the student must come up to the scratch or be ground to powder. Happily we are improving, and we have courses in special subjects here and there which are worth while, but we have a long way to go before

we shall do the work as it should be done and as it must be done, if we are to retain the accidental position conferred upon us by the war. Let us hope that some of our hospitals and colleges, many of which are heavily endowed, may take up this work in a sufficiently exhaustive manner to keep the United States on the medical map.

Big men, big vision, money, organization ability and sustained effort are the necessary factors. *S. M. H.*

President Aldrich Begins His Executive Work. Dr. and Mrs. Henry C. Aldrich were in Chicago two days recently on their way to Excelsior Springs, Missouri. President Aldrich has recuperated rapidly from his illness at the time of the Minnesota state meeting. The Bureau chairmen for the 1916 session have been appointed, also the standing committees of the board of trustees. President Aldrich wishes active coöperation from each member of every committee. The committees of the Institute will be announced in the December JOURNAL. The date of the Southern Association is on Dr. Aldrich's appointment book. He will be at the Cincinnati meeting, if possible. In order to give more space to the Institute office, the Editor has moved her medical work to 700 Marshall Field Building, leaving the whole space in 917 for the work of the Institute. Members of the Institute and subscribers to the JOURNAL are cordially invited to register at Institute headquarters whenever in Chicago.

Standing Committees of the American Institute of Homœopathy. There is some confusion in the minds of the members of the Institute on committees. Some of the committees of the Institute, ordered by the constitution, are the legacy of the Institute unincorporated, and others determined by the existing need. The committees of the Board of Trustees are such committees as are delegated by appointment of the President to carry on the work of the board. Many of the committees of the Institute are continued from year to year, except for such changes as resignation, death or new fields.

of activity demand. These committees will be revised and published in the December JOURNAL. The list for the past year is on page 8 of the JOURNAL ADVERTISER.

On Spelling. Some question has been raised relative to the authority for the spelling of some technical, as well as of common English words in the process of simplification. In general, Webster's Unabridged, the Century and the Standard are reckoned excellent authority, also the usage of such establishments as the De Vinne and the Riverside Press, and Dorland's American Medical Dictionary, published by W. B. Saunders Company.

The Revised Membership Lists. The custom has been to publish the list of members in the November JOURNAL. But copy goes to press the fifteenth of the month. Last year notice of many of the October removals did not reach the JOURNAL office until too late for insertion in the revised list. Members are requested to inspect the lists in the JOURNAL OF NOVEMBER, 1914, and report immediately any error which has not already been published. Each month of the past year, the JOURNAL has published such changes in Post Office addresses as have been sent to the office, either by the United States Post Office or by the subscriber. These lists follow the department of General News. The revised lists will be published in the December JOURNAL.

Maryland Homœopathic Quarterly. It is a sure sign of vitality for an association to put forth an official publication. Dr. Bowman Hood, president of the Maryland society, gives the executive committee credit for the enterprising *Quarterly*. The editor is Dr. J. Elmer Cummins, who has associated with him on the press committee, Dr. William Dulaney Thomas, chairman, and Dr. Marie Letitia Ingram. We wish the new publication good luck in advancing the interests of homœopathic practice in Maryland and the service of the Hahnemann General Hospital.

ANNOUNCEMENTS

Meeting of the Board of Trustees

The December meeting of the Board of Trustees is called for Saturday, December 18, 1915, at 10 a. m., at Hotel Sherman, Chicago.

By order of the President.

Chairmen of Bureaus, American Institute of Homœopathy, 1916

Homœopathy. Mary Elizabeth Hanks, M. D., 700 Marshall Field Bldg., Chicago, Ill.

Materia Medica. Albert E. Hinsdale, M. D., Ohio State University, Columbus, Ohio.

Clinical Medicine. Daniel E. S. Coleman, M. D., 101 W. 78th St., New York, N. Y.

Pedology. Francis H. MacCarthy, M. D., 19 Joy St., Boston, Mass.

Sanitary Science. Florence A. Richardson, M. D., 2513 Irving Ave., S., Minneapolis, Minn.

Dermatology and Genito-Urinary Diseases. E. Everett Rowell, M. D., 325 Atlantic St., Stamford, Conn.

Clinical Research. Fritz C. Askenstedt, M. D., 1210 S. 4th St., Louisville, Ky.

Each Chairman is requested to appoint his Secretary directly and report members of his Bureau to the JOURNAL as early as possible.

Standing Committees of the Board of Trustees

Finance—Charles E. Sawyer, John P. Sutherland, Joseph P. Cobb, Jas. W. Ward, T. Franklin Smith.

Journal—John P. Sutherland, J. Richey Horner, Charles E. Sawyer, Frederick M. Dearborn, Sarah M. Hobson.

Place of Meeting—Byron E. Miller, J. Richey Horner, Cornelia C. Brant.

Publicity—Wilbert B. Hinsdale, James W. Ward, Walter E. Reily, Byron E. Miller.

Opening Reception—Frederick M. Dearborn, Walter E. Reily, Cornelia C. Brant, Wm. O. Forbes.

Resolutions—Joseph P. Cobb, James W. Ward, Wilbert B. Hinsdale, T. Edward Costain.

College Alliance of the A. I. H.

A meeting of the Alliance is called during the session of the Southern Association at Hotel Gibson, Cincinnati, November 9, 10, 11, 1915. The Intercollegiate Committee on the Correlation of Drug Research Relating to the Law of Similars will make a report; Dr. Joseph P. Cobb (Hahn. Chic.) is chairman and Dr. Albert E. Hinsdale (Ohio State) is secretary of this committee. The committee on Homœopathic Nomenclature is Wilbert B. Hinsdale (Mich. Univ.), chairman; John P. Sutherland (Boston Univ.) and W. Henry Wilson (Hahn. Chic.).

Southern Homœopathic Medical Association

A. L. Smethers, M. D., President
630 East River St., Anderson, S. C.

J. L. Jennings, M. D., Secretary-Treasurer
329 Main St., Danville, Va.

The Southern Homœopathic Medical Association meets in Cincinnati on November 9, 10, 11 at Hotel Gibson. The program will be unusually attractive. From the Secretary's report, there will be a large attendance from all over the South. This meeting is going to be the best the Southern has ever had. It will be worth your while to renew old acquaintances and make new ones. Several of the biggest men we have are going to be on the program. Interest in things homœopathic in the South is stirred. Bring your encouragement. The local committee will give the visiting physicians splendid entertainment. Make your reservations at Hotel Gibson, and write Dr. J. R. McCleary, 414 Walnut St., Cincinnati, that you are coming.

Applications for Membership in the American Institute of Homœopathy

The following applications for membership have been endorsed by the Board of Censors for active membership:

James J. Conlon, M. D., Buffalo, N. Y.
Edgar C. Dunning, M. D., Cassopolis, Mich.
Clara E. Hanstrom, M. D., East Rockford, Ill.
Alphons J. Hertel, M. D., New York, N. Y.
Nat L. Johnson, M. D., South Gifford, Mo.
Sadie Louise Omey, M. D., Detroit, Mich.

State Board Examination in Florida

C. W. Johnson, M. D., President. Jacksonville
J. Birnie Griffin, M. D., Secretary. St. Augustine

The State Board of Homœopathic Medical Examiners will hold the next examination November 12th, in JACKSON-

VILLE, at the residence of the Board President, Dr. C. W. Johnson, Monroe Avenue.

Preliminary requirements: A diploma from a Homœopathic Medical College recognized by the American Institute of Homœopathy. Examination fee, \$15.00.

Examination in surgery, gynecology, obstetrics, materia medica, therapeutics, anatomy, chemistry, hygiene and physiology.

There is a need in Florida for good homœopathic practitioners and there are good locations.

CORRESPONDENCE

Rochester, New York, Invites the Institute in 1916

Rochester, New York, Sept. 29, 1915.

Sarah M. Hobson, M. D., Secretary,
American Institute of Homœopathy.

My dear Dr. Hobson:—

The Monroe County Homœopathic Medical Society, Sept. 28th, voted unanimously to invite the American Institute of Homœopathy to meet in Rochester, N. Y., next June.

It was a large meeting and our boys, not only here, but in all adjacent territory, will feel honored to have the Institute with us.

You will be interested to know that I have secured subscriptions sufficient for entertainment. Kindly bring this to the attention of the Board of Trustees.

Very truly yours,

John M. Lee.

A Homœopathic Handbook

Chalmers House, 43, Russell Square,
London, W. C., 16th September, 1915.

To the Secretary

The American Institute of Homœopathy,
917, Marshall Field Building, Chicago, Ill.:

The British Homœopathic Association has seen the Report of your Committee on Homœopathic Hand Book, signed by the Chairman, Dr. R. S. Copeland. With reference to the last paragraph of that report it occurs to the Committee that possibly your Committee might find in "The Case for Homœopathy," by Dr. Charles E. Wheeler, of London, and brought out by this Association, a form of presentation of the view of homœopathy which might meet to a considerable extent a universal acceptance. We are sending a copy under separate cover for the consideration of your Committee and should be glad to know if this work in its present form would be of service to your Institute; or, if your

Committee can suggest some variations that might render the work more serviceable to homœopathy in America, we shall be very glad to take the matter up.

Faithfully yours,

H. H. Hurrell, Secretary.

A Letter From the War Zone

[Extract from a letter, and enclosure from Dr. A. R. Griffith, member of the Institute, Montreal, Canada.]

The tragedies of war are coming nearer and nearer to us here in Canada and that means nearer to many of your American readers. The Montreal Homœopathic Association recently sent one hundred pounds to the Anglo-French-American Hospital conducted under the auspices of the London Homœopathic Hospital. A recent graduate of the Montreal Homœopathic Hospital is now serving in the Dardanelles with the St. John's Ambulance Corps. She has sent a letter full of interest. She is a young woman of exceptional ability who will give of her best to the suffering soldiers.

Two of my own sons are now at the front with the Canadian division. My only regret is that I am not able to be with them and to fight, and if need be, die. For a high ideal—freedom, honor and justice—is something to which every Anglo-Saxon heart should respond.

[Letter enclosed by Dr. Griffith]

My Dear Dr. Griffith: Alexandria, H. M. H. S. Guilford Castle.

This is just for a few moments of your time that I am asking to tell you of what happened on our recent trip. We had a rough passage up, as this boat rolled dreadfully in a heavy sea. We got up to the beach past Cape Lepe and immediately took on wounded. We filled up with chronic cases and then went on with them to Mudros Bay. All except 45 were taken on shore, when we came back to the beach again where we filled up once more and started for Alexandria. Altogether we took on about 2,000 men, which for nine nurses meant work. We were up day and night, sometimes, indeed, not getting to bed until 3 a. m., and up again at 5 a. m. Men came on board by day and night. We were just a mile from the firing line and could see men and guns moving. This beach and the hills are the most dreadful looking places imaginable, so desolate. There are no trees or vegetation at all.

At night one is not safe on deck or in the cabin. One man had a bullet in his leg as he sat on deck; another just missed a man who was carrying a stretcher; another went over the heads of some medical officers operating in the operating room, and another passed through the port holes and through a man's pajamas, but most fortunately missed his skin. Shells burst near us, fell in fragments on deck; bul-

lets put holes everywhere, and generally speaking, one was in danger all the time.

Dr. Griffith, after dressing these men, seeing their wounds, assisting at operations, and being doctor and nurse in one, I will never be the same girl again.

Most of the men are absolutely riddled by bomb explosions, shell and shrapnel. Bullets are quite common protruding from all parts of their anatomy from brain to toe. Legs broken, lungs crushed, brain and skull all smashed, bullets in the intestines, others going through about every place in their body. And they smile—most of them—worship the sisters, and ask for cigarettes. And, what is more, they smoke them.

E. Wilkinson.

We are becoming more and more in earnest over this war, and yet often I feel that few of us appreciate the liberties we have in this country. I pray God we may never witness the carnage that is going on in Europe.

Very sincerely yours,

A. R. Griffith.

From the French Frontier

Hôpital Auxiliaire

Editor JOURNAL AMERICAN INSTITUTE OF HOMŒOPATHY.

Dear Doctor:—I have just received my copy of your JOURNAL (A. I. H.) for August and notice on pages 202-3 a statement about our Hospital which needs a little correction, if you will be so kind as to make it in your very next issue.

Your item says we have *30 beds* (correct) and that *we exist on a possible one hundred and eighty pounds a month*.

This is quite wrong. We exist on a possible *seventy-two pounds a month*, providing every bed is full all the time! Thus, we can get from the French government two francs per patient per day, or a possible sixty francs per bed per month, equalling eighteen hundred francs per month *if every bed is full every day*, which works out at seventy-two pounds, or \$360, which is quite different from £180, which would put us in clover.

We are allowed one slice of meat each per day at noon day meal. We get eggs when kind neighbors have any to give, but as the English army over-ran this place in September and October, and the French have soldiers quartered here all the time, the mothers of most of eggs were eaten as caught!!

The whole staff of our nurses work as volunteers, that is, without salaries. I have worked free for over eleven months. We are all too poor to buy things for ourselves, as the war has hit every one of us. The nurses are all ladies. The two francs per patient per day has to cover, as I said, food and surgical supplies, but it cannot do this. Dr. Sutherland has sent me \$50

from friends for drugs or surgical supplies, which will help out very well just now, as I have to buy more calendula, symphytum, etc.

Some American ladies in Paris are sending us some "dressings and pajamas, etc." The "ouvroir" (working place) of Miss Thackara, the daughter of the U. S. Consul General at Paris, has donated us four bundles of dressings, and one American lady gave us eight dozen towels. So, thank God, our 2 francs a day won't require to go for *pensements* for a long time. Our *petit blessés* include all sorts of compound fractures, in fact about the only things we shall not get here are brain, eye and abdominal cases. Still one has to use considerable ingenuity in handling compound—comminuted fractures.

We have "evacuated" 27 cured cases in the two months we have been open, and of these 21 or 23 are now back at the front.

Some of the others will never go back! Still they are cured. We massage our fractures, as much as possible, whilst in hospital, so their muscles are pretty fit when they go out, which saves time and expense.

I did not mean to convey the idea that we were "lucky" because we were "hungry." I meant to say we were "lucky" because we were "rent free." To give thanks for being hungry, is too angelic a state for any mortal *man*.

We "fill up" on vegetable soups thickened with stale crusts. It sure fills, but—well, you can imagine the rest. We are happy in our work, and that is the main thing; and we are able to cure suppuration—extraordinarily well, thanks to calendula, symphytum, silicea, hepar, hypericum.

Hôpital Auxiliaire 50 is not enough address without adding "Région 5," as there is a Hôpital 50 in every "Région," and we are at Rubelles, près Melun, Seine et Marne. Au revoir, I hope. It will seem good when the war is over and all the mines are out of the ocean. I have not been off this place for two whole months, as I am the only doctor on the place.

Fraternally,

E. Petrie Hoyle.

A Call from China

[Extract from a letter from Dr. Betow, member of the Institute, to Dr. Gurney.]

Margaret Eliza Nast Memorial Hospital,
Sienyu, China (via Foochow), July 29, 1915.

Five years we have waited for a doctor and still no one in sight. I wonder if you do not know of some young woman who would be willing to come out to China. I have been alone all this time. Now my furlough is due and no one to take my place. There are so many doctors in Chicago. I noticed three names

among the list of Hahnemann graduates. Do you think any of them would be available after finishing work as intern at the hospitals? If you know of any one please put her in touch with Mrs. R. L. Thomas, 792 E. McMillan St., Cincinnati, Ohio.

We are glad to report a year of uninterrupted work. In spite of rumors we kept on, only one time in May that patients left the hospital and didn't come back for two or three weeks. The soldiers scattered the bandits and people were free again to come and go at will. What has been the nature of our work, do you ask? Very much the same as other years. Over five hundred patients have been treated in the hospital. They have stayed an average of about ten days. . . . One typhoid patient was the trial of our lives. She was more care than a new-born babe; for weeks and weeks we had to care for her. People heard of her and came and looked at her like one would at a curious animal, and then they would shake their heads and say: "Truly if they did not have the love of God in their hearts they would not keep this woman here." Her own people would not even come to see her. She finally got well and went home. Another case was saved, both mother and child, by Cesarean operation. The mother had an uneventful recovery, and is now Bible-woman in the hospital. Her baby boy is doing nicely. Nearly every surgical case is looked upon as miraculous. About a month ago I went to a place about 20 miles away to inoculate for plague. I returned to a half way place to stay over night. It was dark when I arrived and I had not had my supper. The Bible-woman gave me a little Chinese food and said I should not stop to get supper as there were many patients waiting to see me. I found the church half full. I prescribed and advised till 11:30 p. m. and then told them to go home and come back in the morning, as I was too tired to see any more that night, after being carried in a chair for 30 miles and walking about one-third of this distance. The next morning, long before day-light, I heard voices; the sick people had come for medicine. I thought I never would get away. The dispensary has been very popular. Over 5,400 patients have been treated there during the year. Over 700 have been inoculated with plague serum.

Yours in His service,

Emma J. Betow.

The Faucial Tonsil—Clinical records teem with cases of tuberculosis, rheumatism, kidney infections, heart lesions and secondary involvement of the thyroid gland, which have been definitely traced to the faucial tonsil as their starting point. The presence of any of the above conditions, provided of course that the main etiological factor is the tonsil, is quite enough indication for its complete removal.—*Street.*

GENERAL NEWS

California. Dr. Harry De Vighne, of Juneau, Alaska, one of the Hahnemann Pacific men, is winning honors, both as member of the Alaska Board of Medical Examiners, and in his surgical work.

Dr. M. A. Barndt, of Long Beach, and formerly of Milwaukee, Wis., has established an office in Los Angeles, in the Consolidated Realty Building. Dr. Barndt is making good as he would do anywhere he might go.

The Southern California Homœopathic Medical Society opened its twenty-fifth annual session, October 16th. A report of the meeting will be furnished for the next issue of the JOURNAL.

Dr. George D. Troutman, formerly of Tucson, Ariz., announces his new offices in the Dodworth Building, Pasadena.

Dr. E. H. King, a Senior in the Institute, has gone from Huntington Park, to 323 South Stone Avenue, Tucson.

Dr. George Mosby, formerly of Waukon, Iowa, announces removal. He has joined the California group. His office is in the Dalziel Building, Oakland, and his practice limited to eye, ear, nose and throat.

Dr. Sanford B. Hooker, whose paper at Atlantic City won such approval, is spending the year with Professor Gay in the University of California, in the Department of Pathology and Bacteriology.

Hahnemann of the Pacific reports an increase in their junior and senior classes, and several registered in the pre-medical year at the University of California who have already elected the courses in homœopathic therapeutics.

Colorado. Dr. Burnham's correspondence in the October JOURNAL reminds his friends that he has rounded out his eighty-sixth year. His interest in the welfare of the Institute and in homœopathic practice is still keen.

Colorado Springs and Denver have been the stop-over places of many of the doctors who have done the Pacific expositions.

Illinois. The autumn meetings are in full swing. The annual meeting of the Orificial Surgeons was the first, September 14th to 16th. Secretary Albert E. Henwood, of Kalamazoo, Mich., presented in the leaflet announcement, Dr. C. Edward Sayre's method for freeing the clitoris and Dr. Cora Smith King's report of a case illustrating the relation of orificial treatment to epilepsy.

On September 30th, the After Dinner Club made Miss Mary McDowell, of the Chicago University Settlement, their guest of honor, and gave a birthday toast, with cake and candles, to

the Editor of the JOURNAL, on her return from a fortnight's holiday in Vermont.

The October meetings opened with the district meeting at Rockford, under the presidency of Dr. Alden E. Smith of Freeport. The Rockford society has a state-wide reputation for hospitality. Dr. William M. Honn, president of the state society, and several Chicago men were on the program.

The Riverview Society, at Aurora, forty miles from Chicago, always gathers a representation from the larger city. This year their meeting fell on the morning and afternoon of the day of the opening meeting of the Chicago Homœopathic. So the chronic gadders had a full day, ending with the evening dinner and conference which Dr. McBurney provided. This was the twenty-first. Meanwhile the Society of the Homœopaths were holding a three day session at the La Salle Hotel in Chicago. Inasmuch as a goodly number of the local physicians are members of all three societies, the week of the twentieth was a surfeit of programs.

Dr. Dienst, president of the Homœopaths, spoke earnestly of the purpose of the organization, to maintain the integrity of the homœopathic principle in therapeutics. The committee report on graduate schools was referred back to the committee for further elaboration.

Dr. McBurney assured the seventy assembled for dinner that both the scientific needs and the social side of the medical profession would be generously met during the season. Dr. Honn presented the interests of the state society; Dr. Cobb, the College and Dr. Hobson the Institute and JOURNAL.

Dr. Julia Holmes Smith, commonly called "Dean of Medical Women," is spending the winter with Mrs. A. E. Cleveland, Hilton Avenue, Catonsville, Maryland. Since the death of her mother a few months ago, Dr. Smith has exchanged unremitting responsibility for recreation. "On the hills of Maryland, in the glory of the hillsides, with a distant vision of the Bay," she is seeking return of strength.

The city of Evanston has completed its filtration plant. The purity of the water furnished by Lake Michigan is vouched for by the city chemist and the State Water Bureau. Evanstonians are a clean people, as attested by the rate of two hundred gallons, per capita, daily.

Hahnemann of Chicago announces twelve salaried members on the faculty. Dr. Gilbert Fitzpatrick has been appointed Chief of the Department of Obstetrics, and Dr. Richard H. Street is more than busy with his new work as Registrar. Under the new order, the work of the senior year is practically all clinical and laboratory.

The friends of Dr. Arthur Conrad have been interested in the work he has done in collaboration with Dr. Rudolph Moffett on the Schick intracutaneous reaction to detect diphtheria

immunity in patients in the New York Metropolitan Hospital. It is currently reported that a place on the Chicago faculty awaits Dr. Conrad as soon as his hospital service in New York is ended.

Dr. Fuller and Dr. Lewy are trying out some of the Schick diphtheria immunity reactions at the Home for the Friendless. The Clinique will doubtless publish their findings.

The Chicago branch of Boericke & Tafel have established a diagnostic and clinical laboratory under the direction of Dr. Robert L. French, clinical pathologist to the Chicago College of Medicine and Surgery. Dr. Robert is the son of Dr. M. R. French who has been a member of the Institute and associated with this homœopathic pharmacy for many years.

Dr. W. S. Hastings, formerly of Cuero, Texas, has received appointment in the pathological department at Hahnemann of Chicago and is located at 860 E. 65th Street.

Dr. Edward M. Bernecker is another Hahnemann man getting valuable hospital experience at the New York Metropolitan.

Dr. H. R. Schofield's report from the Hahnemann Dispensary for the month of August, totaled 544 new cases and 1,256 old cases. September was a light month, recording 429 new patients and 1,027 old patients. The college year has opened with full clinics and faculty members, as a rule, sharp on duty.

Dr. Ralph P. Jones announces hours in the Heyworth Building and practice limited to eye, ear, nose and throat.

Dr. Margaret E. Farr, Hahn. Chic., has completed two years of hospital service in the East, and recently passed through Chicago to 429 S. Boyle Ave., Los Angeles, for a visit to her parents before establishing herself in practice.

Iowa. Dr. Chas. J. Loizeaux announces change of office to 406 Teachout Building, Des Moines.

Maryland. The Maryland State Homœopathic Medical Society, under the efficient presidency of Dr. M. Bowman Hood, welcomed their members and neighbor physicians from adjacent states on the 13th and 14th of October. The notable achievement of the year is the coördination of the work of city and county physicians and the furtherance of work for the Hahnemann General Hospital. The *Maryland Homœopathic Quarterly* is the official publication of the state society. The initial number, October, 1915, devotes its space to the state meeting, the Editor's Foreword, President Hood's Letter, the Hahnemann Hospital and its Guild and Auxiliary, together with a report from the Mayo Clinics.

The guests on the program of the October meeting were Drs. B. F. Books, and O. S. Haines, from Pennsylvania; F. A. Swartwout, MacPherson Crichton and H. Clifton King of Wash-

ington. The evening session was given over to "The X-Ray," with lantern slides, by Dr. Henry Chandler of Baltimore.

Massachusetts. The *Boston Herald* says: "If Boston University played ball on the Fens and trained a crew on the Basin with half the vim it puts into classroom and laboratory, it would be more talked about in public." Under President Murlin's direction, the trustees' policy of pay as you go has not entailed hardship, but rather progress and expansion. The new Maternity is only one of the attractive features of the East Concord Street group: it is possible to care for two thousand cases annually. Prenatal and postnatal clinics are the order of the day, sometimes furnishing instruction on child culture, feeding, clothing, bathing, to as many as thirty mothers in a single day.

Advanced requirements for admission to the medical course are announced for October, 1916. Beginning with that date, applicants must have had two years of attendance, or its recognized equivalent, at a college or technical school including in its curriculum chemistry, physics, biology, and French or German. The combination six year course, established in 1908, is maintained. By this correlation of work, the bachelor's degree in science and the doctor's degree in medicine are secured in six years. This year's class is larger than usual.

The Public Health Talks at the Evans Memorial open in November with Selskar M. Gunn on "Municipal Health," the 2d; Prof. A. W. Weyssse on "Some Laws of Reproduction," the 9th; Dr. Richard Cabot on "Better Medical Service," the 16th, and Dr. Geo. W. Tupper on "The Immigrant," the 23d.

Dr. Clara Gary is editing the University Birthday Calendar. This appeals to all departments of the University and will mark the birthdays of faculty and many alumni with original messages.

Dr. Ralph R. Mellon, of Ann Arbor, Mich., is doing research work this year with Dr. Milton J. Rosenau in preventive medicine, at Harvard. The Public Health Department of Harvard and the Institute of Technology are holding out large attractions to young men with scientific bent.

Minnesota. The state society program went off with good papers and a good attendance. Dr. Frank Wieland was the guest of honor from Chicago. The friends of Dr. and Mrs. Aldrich—and they are found far beyond the limits of the twin cities—are rejoicing over the rapid recovery of the Doctor. The Aldrichs are now on a holiday trip to Chicago, Excelsior Springs and Cincinnati.

The entire homœopathic profession and some of the old school physicians associated with the Maternity Hospital endorsed the temporary superintendency of Dr. Brooks at the

Maternity. Dr. Brooks has resumed her work as medical inspector in the public schools of Little Rock, and lecturer in medical sociology in the Medical School of the University of Arkansas.

One of the large hospitals of the state offers a "fine opportunity for study and work, but a poor place for a lazy man."

New York. Dr. Cornelia Brant, dean of the New York Medical College for Women, certainly has a fetching way. Twenty-two thousand dollars have recently been raised in a single month. \$100,000.00 is the fund to be obtained. The creditable work of the school has won the commendation of Theodore Roosevelt, and the indefatigable industry of Dean Brant has placed the possibilities of the school before many a high school and academy in the environs of New York City. The college is rewarded by 27 new students this year.

Dr. E. Wallace MacAdam announces return to office routine at his Bronx office, 17 E. 184th Street, and Manhattan office, 180 W. 59th. Dr. Wm. H. Van den Burg also announces return to his office, 30 W. 48th Street, and Dr. David B. Hill, his associate, at the same address.

Dr. Elmer H. Stumpf announces removal to 103 Northampton Street, Buffalo.

Dr. Frederick Dearborn gave a paper at the Connecticut Society in New Haven, Oct. 19th, and is scheduled for Elmira, N. Y., Nov. 11th.

Ohio. The Sawyer Sanitarium is out with an attractive department of work therapy. Creative work is the most alluring thing in the world. The sanitarium that can work out a satisfactory program in occupation for invalids is a benefactor to humankind.

McCleary is busy down in Cincinnati, getting ready for the Southern on the ninth. It is going to be the best ever. Ohio and Kentucky will do themselves proud.

Dr. A. E. Stepfield of Doyleston extended the hospitality of his home to the visiting members of the Society of Eastern Ohio at the recent meeting.

Oregon. The state society came off at the Imperial Hotel, Portland, October 27th and 28th, with a good program.

Dr. and Mrs. George Royal, and Dr. and Mrs. J. C. Irvine of Denver, Dr. and Mrs. Harlan P. Cole, and Dr. Hills Cole of New York, have been guests of Dr. Byron Miller during the summer.

Pennsylvania. The *Philadelphia Evening Ledger* of September 22d publishes a letter from Dr. William F. Baker on cultural and vocational work with reference to medical education. Dr. Baker insists upon a high cultural standard, particularly in

the preliminary training, but urges a proper balance of vocational and cultural features.

Dr. August Korndoerfer, senior, gave the opening address to the students of Hahnemann, presenting "Homœopathy of the Past, Present and Future." The College orchestra and soloists furnished music, and a reception extended to the 1915 matriculates, who outnumber last year's class.

Approximately two hundred physicians were at the state meeting in September, endorsing the aggressive work of the president, Dr. Benjamin Books. The subjects which evoked most discussion were Secretary Metzger's paper on "Hygiene of the Eyes of School Children," Dr. H. M. Stevenson's (Baltimore) paper, "Some Diagnostic and Therapeutic Procedures of the Last Decade" and the discussion on the high tension apparatus perfected and presented by Dr. Bernstein. Dean Hinsdale from Michigan and Dean Copeland from New York were guests at the banquet. Dr. Garner of Norristown was toastmaster.

The following officers were elected: President, Dr. J. M. Heimbach, of Kane; 1st vice-president, Dr. Wm. Raymer, of Beaver Falls; 2nd vice-president, Dr. Wm. M. Hillegas, of Philadelphia; secretary, Dr. I. D. Metzger, of Pittsburgh; treasurer, Dr. Ella D. Goff, of Pittsburgh; necrologist, Dr. W. F. Baker, of Philadelphia; censor, Dr. J. W. Stitzel, of Hollidaysburg; state editor, Prof. Ralph Bernstein, of Philadelphia; trustees, Prof. Wm. B. Van Lennep, of Philadelphia, and Dr. B. F. Books, of Altoona, and Dr. Wm. Hunsicker, of Philadelphia.

The Women's League reëlected for the third time its officers as a testimonial of the splendid executive program of the president, Mrs. William Alvah Stewart, of Pittsburgh. The League has proved a valuable asset to the interests of homœopathy in medical education and hospital service.

Dr. Augustus Korndoerfer made the commencement address at the recent graduation of nurses from the Women's Southern Homœopathic Hospital, and Dr. Mary Branson, President of the Board, presented the diplomas.

Dr. Ellen Woodward Howell announces removal to the Coronada, 2201 Chestnut Street, Philadelphia; and Dr. James B. Buckley change of residence to The Powelton, 36th Street and Powelton Avenue.

Dr. H. Ellen Walker, of Sharon, entertained the Women's Homœopathic in October.

Drs. H. C. Williams, Morris Hughes and Joseph Oscar Dicks made up the committee responsible for the annual banquet of the Chester County Society in September, Turks Head Hotel. Visiting friends and a good scientific program made the annual meeting an auspicious occasion.

CHANGE OF ADDRESS

From Membership List in Journal, November, 1914.

	Moved to
Barndt, Milton A.....	Consolidated Realty Bldg., Sixth & Hill Sts., Los Angeles, Calif.
Bernecker, Edward M....	Metropolitan Hosp., New York, N. Y.
Bowman, Stuart H.....	571 Park Ave., New York, N. Y.
Brunjes, Dick G.....	Dayton, Wash.
Buckley, James B.....	The Powelton, 36th & Powelton Ave., West Philadelphia, Pa.
Carr, Ada.....	811 E. 23d St., Paterson, N. J.
Doubrava, Joseph F.....	427 Erie Bldg., Cleveland, O.
Duncan, Earl S.....	Hahnemann Hospital, Philadelphia, Pa.
Farr, Margaret E.....	429 S. Boyle Ave., Los Angeles, Calif.
Fenton, Susan J.....	678 14th St., Oakland, Calif.
Grove, Charles E.....	422 Old Nat'l. Bk. Bldg., Spokane, Wash.
Hart, Frank R.....	649 Lighthouse Ave., Pacific Grove, Calif.
Hartley, R. Agnes.....	180 Mass. Ave., North Cambridge, Mass.
Hastings, Willard S.....	860 E. 65th St., Chicago, Ill.
Hooker, Sanford B.....	2428 Bancroft Way, Berkeley, Calif.
Jones, Ralph P.....	1404 Heyworth Bldg., Chicago, Ill.
King, Edward H.....	323 South Stone Ave., Tucson, Ariz.
Loizeaux, Chas. J.....	406 Teachout Bldg., Des Moines, Ia.
MacAdam, E. Wallace....	17 E. 184th St., New York, N. Y.
Mansur, W. B.....	814 Wayne Ave., Dayton, Ohio.
Mellon, Ralph R.....	224 Aspinwall Ave., Brookline, Mass.
Mosby, George.....	422 Dalziel Bldg., Oakland, Calif.
Nugent, W. Haggard....	4321 Templar St., New Haven, Conn.
Paterson, Walter G.....	1105 David Whitney Bldg., Detroit, Mich.
Phillips, Edward J.....	104 Aldrich Ave., Buffalo, N. Y.
Pillsbury, Curtis D.....	1111 Washington St., Ann Arbor, Mich.
Powel, Milton.....	375 West End Ave., New York, N. Y.
Ross, Solon D.....	Manhattan, Kans.
Russell, Lida B.....	1136 Logan St., Denver, Colo.
Schwartz, Rollin M.....	Columbiana, Ohio.
Searson, James.....	35A Welbeck St., W., London, England.
Shoemaker, George G....	22 E. Wheeling St., Washington, Pa.
Smith, Julia Holmes....	Care of Mrs. A. E. Cleveland, Hilton Ave., Catonsville, Maryland.
Stumpf, Elmer H.....	103 Northampton St., Buffalo, N. Y.
Troutman, George D.....	201 Dodworth Bldg., Fair Oaks & Colorado Sts., Pasadena, Calif.
Van Norman, Edgar V....	Peoples' Savings Bank Bldg., Sacramento, Calif.

OBITUARY

What has it all been for? For the knowledge that makes life richer, for the friendship that makes life sweeter; for the training that brings power.—Briggs.

Arthur Worrall Palmer, M. D. Born in New York City, June 27, 1861. Died June 10, 1915, after an illness of two years.

Dr. Palmer received his preliminary education at the Friends' Seminary, New York, and the City College; was graduated Doctor of Medicine by the New York Homœopathic Medical College and Flower Hospital in 1883, and *Oculi et Auris Chirurgus* by the New York Ophthalmic Hospital and College in 1885. Since then he devoted his attention to the nose, throat and ear, working faithfully in the last-named institution, where he attained the rank of professor and surgeon.

Dr. Palmer was one of the first homœopathic surgeons in New York to perform the frontal sinus operation; his first case, about seventeen years ago, was reported to the American Homœopathic Ophthalmological, Atological and Laryngological Society in Atlantic City; the patient is still living and in fairly good health.

During the closing years of the last century he assisted Dr. Deady in the editorship of this journal, and when it was assumed by Dr. Moffat in 1900 became business manager and associate editor. In 1904 the owner discontinued publication and Dr. Palmer bought the *Homœopathic, Eye, Ear and Throat Journal*, which he managed and, in conjunction with Dr. Moffat, edited for six years, until it was merged with the revived *Journal of Ophthalmology, Otology and Laryngology* in 1911, which volume was curiously the eighteenth of each publication. The rights to this journal having been acquired by Dr. Moffat were given to Dr. Palmer at this time, since when he was proprietor, business manager and, in conjunction with Dr. Moffat, editor, until the failing health of both necessitated its sale in 1914 to Dr. McCleary.

Dr. Palmer held membership in the American Institute of Homœopathy (since 1892), American Homœopathic Ophthalmological, Otological and Laryngological Society, American Medical Editors' Association, National Society of Electrotherapeutics, New York State Homœopathic Medical Society (since 1899), Hahnemannian Association, Academy of Pathological Science, New York County Homœopathic Medical Society and the Alumni Association of the New York Homœopathic Medical College and Flower Hospital; he was surgeon and Professor of Laryngology and Rhinology, New York Ophthalmic Hospital, and Laryngologist to Metropolitan Hospital and to M. E. Church Home. He was the originator of the quinquennial class reunions at the New York Homœopathic Medical College, in whose Alumni Association he was active for years.

In 1892 he married Miss Elizabeth B. Giveans of Vernon, N. J., who survives him with his son, A. W., Jr., and his sister, Miss Luella A. Palmer.

In June, 1913, failing health compelled him to give up practice. His disease, commencing with small central scotoma, was very obscure and insidious and proved to be (pernicious) spinal anemia, terminating fatally on June 10, 1915, after a well-fought and patiently-borne illness of more than two years.

Dr. Palmer was so modest and unassuming that one had to know him well to appreciate him. The writer can say that in a close business association of sixteen years there was never a hitch in the friendship; he never experienced even a hasty word from Dr. Palmer. His characteristics were faithfulness, conscientiousness, studiousness. An indefatigable worker and cautious operator, he took his recreation in his professional and journalistic work, to which fact we fear his illness was attributable—at least in part.

—*John L. Moffat, Jour. O. O. and L., Sept., '15.*

Duncan Macfarlan, M. D. Dr. Duncan Macfarlan was born November 6, 1851, in New York City, the son of Duncan Macfarlan, a silk manufacturer well known in the old village of Bloomingdale on Manhattan Island. His parents came from Ellerslie, Scotland, a few years prior to his birth.

He attended the College of the City of New York and was graduated from the Hahnemann Medical College. Following his older brother, Dr. Malcolm Macfarlan, he came to Philadelphia in his young manhood and soon established himself in a large and lucrative practice. Starting as a poor boy, he achieved success solely as the result of marked ability and hard work. For about thirty years he worked indefatigably in West Philadelphia and his loyalty and devotion to professional duties brought him recognition and distinction. He built his own home at 3924 Chestnut Street and purchased a camp at Long Lake, Hamilton County, New York, where his days of recreation were spent among the mountains and lakes, for he was always an enthusiastic fisherman and hunter.

No memorial of Dr. Macfarlan can adequately express the genial warmth and kindness of his nature or the love and affection of his patients for him. He was eminently social, fond of fun and full of sympathy for those to whom he ministered. Handsome and strong in physical appearance, fine in feeling, gracious in manner and courteous to all, Dr. Macfarlan must long be remembered by a wide circle of friends and his memory cherished by those who knew and understood his character.

He suffered a severe nervous breakdown in 1903, from which he never fully recovered, and died at Astoria, Long Island, on September 26, 1915.

He was a brother of Dr. Malcolm Macfarlan and of Dr. John Macfarlan, who died in 1886. A widow and daughter survive him.

—*Robert Thompson.*

Amelia Emma Milestone Burroughs, M. D., died at her late residence, 31 Massachusetts Avenue, Boston, September 25, 1915, after a long distressing illness.

Dr. Burroughs was born in Wellington, Ohio, June 22, 1852. In early girlhood she was happiest when she was helping others. Later she identified herself with church work, in which she never lost her interest. She received her early education at Humiston Institute, Cleveland, Ohio. In 1873, she married Mr. Edgar W. Burroughs and removed to Greenwood, Michigan. Yet she could not quell the keen desire to help the sick and suffering; consequently, in 1878, she entered the Hahnemann Homœopathic Medical College in Cleveland, Ohio, now incorporated with the Ohio State University, from which she graduated in 1881. Dr. Kate Parsons (her aunt) of Cleveland, Ohio, was her preceptor. Dr. Parsons will be remembered by some of our older physicians. Dr. Burroughs commenced her practice in Council Bluffs, Iowa. So successful was she in her undertaking that she enlarged her field of work by removing to Omaha, Nebraska, where she practiced several years. The outside exposure and incessant toil at last made inroads on her naturally robust constitution and she was forced to abandon her practice for a time. After a year spent on the Continent, she came to Boston and opened her office on Boylston Street. Later she removed to 31 Massachusetts Avenue, where she died. She was a member of the American Institute of Homœopathy (1883), Massachusetts Homœopathic Medical Society, Boston Homœopathic Medical Society, Massachusetts Surgical and Gynecological Society and the Twentieth Century Medical Club.

Her funeral took place at her late residence, September 30. Rev. James A. Richards of the Mt. Vernon Congregationalist Society officiated; Rev. Hastings H. Harr of New York City, Manager of the Child Helping Association, Russell Sage Foundation, a life-long friend of the family, was present and paid a glowing but well deserved tribute to her memory.

The floral decorations were beautiful. Many were telegraphed from Cleveland, Omaha and Council Bluffs, a mute testimonial of the lasting love of her friends. They laid her to rest in Woodlawn Cemetery, Everett.

Dr. Burroughs is survived by her devoted son, Mr. Will Bliss Burroughs, who was her constant attendant during her long sickness, that lasted over a year. She is also survived by her aged parents, Mr. and Mrs. Peter Milestone, and three brothers.

And now she sleeps the tired one;

God called her, He knew best.

The soft fall winds above her sigh;

She is at rest.

Yet her brave life with deeds of love

Like diamonds bright before us lie;

They lead us on to nobler things;

They never die.

—Clara E. Gary.

Charles Hiram Colgrove, M. D., Willimantic, Conn. Dr. Colgrove was born October 14, 1841, graduated from the Homœopathic College in Detroit, Mich., February 12, 1874, and spent his life in medical practice in Willimantic, where he died May 29, 1915. He joined the Institute in 1892 and was active in Institute work, and also in the Connecticut Homœopathic and the Willimantic Medical Society. *C. M. C.*

David B. Umstead, M. D. Born August 8, 1856. Died in Philadelphia, July 25, 1915. Dr. Umstead was graduated from Hahnemann Medical College of Philadelphia in 1878. His field of practice was Tacony, Philadelphia. He was a member of the Institute (1906) of the Twenty-third Ward Homœopathic Medical Society and of the Germantown Society.

Anton E. Neumeister, M. D., Morgan Hill, Calif. Dr. Neumeister joined the Institute in 1908. He was in active practice. Death came suddenly, June 25, 1915, at the end of a busy day, as he was preparing to go to a train to meet his sister. Cardiac dilatation was the primary cause. *A. E. N.*

Herbert A. Harrison, M. D., Utica, N. Y. Died May 13, 1915. A member of the Institute since 1897.

John W. Branin, M. D., Mount Holly N. J. A member of the Institute since 1891. Letters returned, "Deceased."

Charles H. Copp, M. D. Graduated from Hahnemann, Chicago, in 1882; practiced medicine in Atchison, Kans.; died in Rosalie, Kans., August 11, 1915.

Ambrose A. Hill, M. D. Graduated from New York Homœopathic, 1866; died in Merritt, Fla., August 21, 1915.

CORRECTIONS

Comparative Statistics from the Louisville Hospital. JOURNAL for October, pp. 455-6. Dr. Askenstedt calls attention to error in statistics in manuscript. The sentence at the top of the page should read (line 2), "While the admissions on the old school side from November 1, 1908, to Oct. 1, 1910, were only 403 (1/5-80.6), the homœopaths received 116, an excess of 44%."

Also, 3d line of "Comparative Statistics, Nov. 1, 1908, to Oct. 1, 1910," "homœopathic, 34.28%." Page 456, "Grand total," 4th column, "157."

Alfalfa. JOURNAL for August, 1915, p. 155. Dr. Blackwood adds the following line to the chemical analysis, as reported by the Department of Agriculture:

"Salts,—Lime, potash, magnesia, phosphoric acid, sulphur."

SOCIETY PROGRAMS

Allegheny County Homœopathic Medical Society. September 15, 1915. Reported by the Secretary, Dr. Charles A. Ley, Pittsburgh.

Selected Cases.....W. H. Cooper, M. D.
Infections of the Accessory Sinuses.....Roy C. Cooper, M. D.

Riverview Homœopathic Medical Association. Aurora, Ill., Oct. 21, 1915. Reported by the Secretary, Dr. Thomas Lawton, Hinsdale.

Modern Treatment of Diabetes.....Clifford Mitchell, M. D., Chicago
Tonsil Surgery.....Richard H. Street, M. D., Chicago
The Homœopathic Remedy.....Harvey Farrington, M. D., Chicago
Genito-Urinary Diseases.....Frank Wieland, M. D., Chicago
The State Society.....William M. Honn, M. D., Champaign
General Discussion of Medical Progress

Society of the Homœopaths. Oct. 20-22, 1915. Hotel LaSalle, Chicago. Dr. Mary Lewis, Secretary.

Repertorial Study.....Benj. C. Woodbury, M. D., Portsmouth, N. H.
Repertory as a Teacher.....Julia C. Loos, M. D., Pittsburgh, Penna.
Beginning the Repertory Case.....V. T. Carr, M. D., Tiffin, O.
Grading Mental Symptoms....Julia M. Green, M. D., Washington, D. C.
Practical Suggestions in the Use of Repertory.....

.....H. W. Pierson, M. D., Chicago, Ill.
Repertory in Acute Diseases.....G. E. Dienst, M. D., Aurora, Ill.
The Surgeon and the Repertory.....Elmer E. Vaughan, M. D., Chicago, Ill.
Practical Use of the Repertory.....S. A. Kimball, M. D., Boston, Mass.
Repertory in Every Day Work.....

.....Margaret C. Lewis, M. D., Philadelphia, Penna.
Repertory Failure.....Geo. H. Thacher, M. D., Philadelphia, Penna.
Reason vs. Fiction.....R. del Mas, M. D., Hugo, Minn.
Symptoms Essential for a Successful Prescription.....

.....Geo. H. Thacher, M. D., Philadelphia, Penna.
Arousing Reaction.....Alonzo Eugene Austin, M. D., New York, N. Y.
Treatment of the Individual vs. Treatment of the Species.....

.....R. del Mas, M. D., Hugo, Minn.
Paper —.....Wilhelm Heinrich Schwartz, M. D., Perkasié, Penna.
Address: The Appeal of Homœopathy to the Public.....

.....Arthur B. Green, Portland, Me.
Address.....Allan L. Benson, Yonkers, N. Y.

Wisconsin Medical Women's Society. Oct. 4th and 5th., Milwaukee. Reported by Dr. Belle Nair, Ft. Atkinson.

The Most Common Portal of Infection.....Julia Riddle, M. D.
The New Movement in Obstetrics.....Bertha Van Hoosen, M. D.
Hydrotherapy in Nervous and Mental Diseases....Belle P. Nair, M. D.
The Health of the Children.....Ida L. Schell, M. D.
Conservation of the Eye.....Mary M. Hopkins, M. D.
The Wassermann Reaction.....Helen A. Binnie, M. D.
Obesity: Its Relation to Health.....Luella E. Axtell, M. D.

Pennsylvania Societies. Reported by Dr. Ralph Bernstein, State Editor.

County of Philadelphia, Oct. 14th.

Pneumonia.....Walter Sands Mills, M. D., New York City
The Superiority of Homœopathic Treatment in Pneumonia.....

.....Daniel E. S. Coleman, M. D., New York City

Surgery, Gynecology and Obstetrics, Oct. 27th.

Treatment of Puerperal Infections.....Norman S. Betts, M. D.

Seminal Colliculitis.....Harry Hyzer, M. D.

Social Service in Relation to Obstetrical Dispensaries.....

.....C. V. Clemmer, M. D.

Women's Homœopathic of Pittsburgh.

Acute Diseases of the Throat in Children.

Earache.

Medical Treatment of Enlarged Tonsils.

Semi-Annual Meeting Maryland Homœopathic State Society. Baltimore, October 13-14, 1915. Reported by the Secretary, Dr. Wm. Dulaney Thomas.

Homœopathic Therapeutics vs. Surgery.....

.....B. F. Books, M. D., Altoona, Pa.

Osteomyelitis.....H. H. Stansbury, M. D., Baltimore, M. D.

Cesarean Section.....

J. O. Hendrix, M. D., Frederick and F. A. Swartwout, M. D., Washington

Puerperal Eclampsia.....G. L. Wetzel, M. D., Union Mills

Prostatic Removal.....MacPherson Crichton, M. D., Washington

Address.....O. S. Haines, M. D., Philadelphia

Cough.....Wm. Dulaney Thomas, M. D., Baltimore

Tonsillectomy.....Thos. L. Shearer, M. D., Baltimore

Hyperphoria.....H. Clifton King, M. D., Washington

Christian Science—an Investigation.....

.....Robt. B. Johnstone, M. D., Hyattsville

Sanitary Science.....H. V. Deming, M. D., Cumberland

X-Ray.....Henry Chandler, M. D., Baltimore

Homœopathic Medical Society of Eastern Ohio. Doylestown, October 20th. Reported by the Secretary, Dr. E. S. Lyon.

President's Address.....J. Richey Horner, M. D.

Subject to be Announced.....M. Gilbert, M. D.

Prophylaxis with Reference to Cancer.....C. M. Thurston, M. D.

Hay Fever.....Carl Rust, M. D.

Materia Medica (Homœopathic).....C. A. Dixon, M. D.

Economics in Disease.....E. S. McAdoo, M. D.

American Medical Editors' Association. Oct. 18th and 19th. Reported by the Secretary, Dr. Jos. MacDonald, Jr., New York City.

President's Address—The Opportunities of the Hour for American

Medical Journalism.Dr. H. Edwin Lewis, Editor American Medicine

- Twenty-five Years in Medical Journalism.....
 Dr. Edward C. Register, Charlotte, N. C., Editor of Charlotte Med. Jour'l.
- The Influence of the Physician in Public Affairs.....
 ..Dr. Ira S. Wile, New York City, Editor Medical Review of Reviews
- Some Aspects of Medical Sociology.....
 Dr. James P. Warbasse, Brooklyn, N. Y., Special Editor, American Jour'l of Surgery.
- Some Fundamental Considerations of the Problem of Narcotic Drug Addiction; The Medical Editor's Responsibility.....
 Dr. Ernest S. Bishop, New York City, Prof. Clinical Medicine, N. Y. Polyclinic
- Co-operation Between the Medical, Pharmaceutical and Dental Professions.....
Dr. Samuel F. Brothers, Brooklyn, N. Y.
- The Relation of the Specialist to the General Practitioner.....
 Dr. Anthony Bassler, New York City., Ed., Am. Jour'l of Gastro-Enterology
- The Medical Reserve Corps of the United States Army.....
Dr. Harold Hays, New York City.
- Hydrotherapy "The Cure" in America. Illustrated by Moving Picture Films and Lantern Slides.....
Dr. William George Russell, Philadelphia, Pa.
- Publicity for the Medical Press.....
 S. DeWitt Clough, Chicago, Ill., American Jour. of Clinical Medicine
- The Medical Reprint, Its Place in Medical Literature.....
Dr. John W. Wainwright, New York
- The Doctor and Medical Legislation. The Medical Editor's Obligation.....
Dr. C. F. Taylor, Philadelphia, Pa., Editor, Medical World
- Medical Compensation Law.....
 Dr. Thomas Darlington, N. Y. C., Ex-Commissioner of Health, Member N. Y. State Workingman's Commission.
- The Problem of the Medical Expert.....
Dr. J. J. A. O'Reilly, Brooklyn, N. Y., Member New York Bar
- The Lights and Shadows of a Ship Surgeon's life.....
 Dr. E. Arkwright Jockardy, Surgeon S.S. 'Kursk,' Russian American Line
- The Possibility of a New Specialty...Dr. B. F. Roller, B. S., New York
- Our Trade Mark Laws in Relation to Foreign Made Drugs. A Problem of the Hour.....
 Dr. F. E. Stewart, Philadelphia, Pa., Chairman of Committee on Patents and Trade Marks, American Pharmaceutical Ass'n.

DRUG RESEARCH*

Intercollegiate Committee on the Correlation of Drug Research Relating to the Law of Similars

July 1, 1915, Hotel Sherman, Institute Session of 1915. Meeting of the deans of the Homœopathic colleges of the United States. Representatives present: Michigan, Drs. Hinsdale and Dewey; New York, Brant and Copeland; Illinois, Chislett, Cobb and Wilson; Pennsylvania, Pearson and Nesbit; Massachusetts, Sutherland.

Purpose of the meeting stated by Dr. Chislett: To present a plan for coöperative research work so that the research work of the homœopathic colleges shall not overlap.

Arrangements for a conference of delegates from each homœopathic college in the United States to act upon the correlation of research work, especially along the line of pharmacology.

August 16, 1915, Hotel Cadillac, Detroit, Michigan. Delegates present: Drs. Cobb, Blackwood and Wilson from Hahnemann, Chicago; Dr. Hinsdale from University of Michigan; Dr. Widman from Hahnemann of Philadelphia; Dr. DeNyse from the New York Homœopathic; Dr. Albert E. Hinsdale and Mr. Jacob Wiggers from Ohio State.

Organization effected: Joseph P. Cobb, Chairman; A. E. Hinsdale, Secretary. Committee upon Homœopathic Nomenclature, Drs. W. B. Hinsdale and John P. Sutherland. After discussion, adoption of the following resolution:

"Whereas, There are certain terms in use by homœopathic physicians, terms referring particularly to pharmacological procedures and preparations, that have distinctive and peculiar meanings for such physicians.

"Resolved, That the chairman of this conference shall appoint a sub-committee upon nomenclature, such sub-committee to confer with the proper officer or professor of the various colleges upon the importance of attaching to such terms as may be of the character described, specific definitions.

"The sub-committee shall report to this committee from time to time. This sub-committee shall be known as the Committee upon Homœopathic Nomenclature."

Chairman Cobb's comment on this resolution:

"It is believed that a careful consideration of all of our peculiar words and terms, an accurate definition of those that have a special meaning to us and a dismissal of those which have ceased to have any special use, will illumine our work for both ourselves and our critics."

Dr. Wilson's outline for proposed research work in homœopathic colleges:

*For the Chairman's report, see Editorial, p. 464, J. A. I. H., Oct., 1915. Minutes, *Med. Century*, Sept., 1915.

Research Work in the Homœopathic Colleges

In considering research work in our institutions, it is important that we also consider publicity at the same time. I have chosen to consider it first.

Publicity, so far as research work is concerned, may be of two kinds: First, the correlation and publication of all research work which relates to or illuminates in any way the law of similars. Second, the publicity of our own research work.

In connection with those two phases of the subject, I wish to make the following recommendations: First, that a committee acting under the direction of the chairman of this committee and consisting of one from each college be formed, which shall go over the world's recent and current literature for reports of actual research work bearing on our subject. The work shall be divided as the chairman of this committee sees best and the results published in *THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY*. So far as possible résumés of articles shall be published. The reports shall be published monthly.

Second—All reports of research work from the homœopathic colleges shall be published first in *THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY* and, if practical, shall afterward be collected together into a single volume for general distribution. The date of the receipt of each report shall be attached to each article when published.

Third—That so far as possible, publicity be extended to popular publications.

Research Work

The law of similars would be made more probable to the scientific world if any of the following questions could be answered affirmatively:

First—Can diseases having a known etiology and which are cured by the development of immune substance be actually prevented by the administration of similar remedies?

Second—Can the physical changes produced by disease be duplicated in healthy animals by similar remedies?

Third—Can actual immunity be established in animals in sufficiently large numbers to leave no doubt?

Fourth—Do chemical substances other than proteins excite the production of actual immune bodies?

Suggestions as to Carrying Out the Work

First—That the colleges be arranged in groups of two and that each group perform the same line of experiments as nearly as possible.

Second—That this committee shall be recognized as a Committee of the College Alliance and that all necessary traveling expenses and incidental expenses be borne by the Alliance.

Third—That all research work done by any college shall be done with the assistance and advice of competent physiologists, pathologists and chemists.

Chairman Cobb's summary on Drug Research:

Drug Research work, to be convincing, will require:

First—A well considered plan.

Second—A special laboratory with complete equipment.

Third—A trained laboratory worker whose time is paid for and whose attention is not distracted from his work by too much teaching.

Fourth—The coöperation of workers in the departments of Physiology, Chemistry and Pathology.

HOMŒOPATHY*

By Royal S. Copeland, A. M., M. D., New York City

Homœopathy is not a system of medicine. It does not replace surgery, hygiene, biological medicine, chemical antidote, physical therapeutics, or even the physiological dosage of the modern physician. It is but one of many methods of treating sickness. It admits the possibility of eliminating, by other means, the evidence of illness. Properly understood, homœopathy is nothing more than a method of therapeutic application. Its one and only demand for recognition is its peculiar way of determining the remedy for the removal of the symptoms of disease. The size of the dose prescribed and the repetition of the remedy have little to do with homœopathy. Whether a given prescription is homœopathic or not depends purely and simply upon the means of its selection. Homœopathy, then, is a method of therapeutic procedure.

The homœopathic method of treatment is founded on this hypothesis. The symptoms of disease, as met by the practitioner, may be removed by the administration of a remedy which is capable of producing similar symptoms when administered to a healthy person. This doctrine was expressed by its founder in the Latin phrase, *Similia similibus curentur*, and in the German, *Heile durch Symptomenähnlichkeit*; the practice of Homœopathy accords with the rule thus expressed.

It is an unfortunate fact that, in spite of a hundred years of practical use of this method, there is still much misunderstanding of its exact place in the practice of medicine. It is the purpose of this article to attempt, in a brief way, to show not only what homœopathy is, but also how it may be useful to the non-homœopathic graduate.

No man has practiced medicine for any considerable time without meeting diseases which seem incapable of removal by ordinary means. Perhaps the pathology is not understood; the symptoms are so obscure that a diagnosis is impossible; the usual treatment has met with no satisfactory result. What then can be done? To the average physician expectant treatment and experiment are all that are left. In

*From the proof sheets of REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. See Committee report, J. A. I. H., Sept., 1915, page 330,

such a case, homœopathy offers hope of cure. It is better, certainly, than the expectant method, because the physician is at least doing something for the patient. It is superior to experiment, because it has the merit of some recorded evidence of usefulness.

Granted, then, that homœopathy will be given a trial, how should the physician proceed? He must first elicit from the patient all his peculiar and abnormal symptoms. It matters not whether these symptoms relate to the particular organ diseased, or whether they are remote from that part of the body. It is desirable to gather the "totality of the symptoms," all the evidences of the patient's departure from health. Special attention is paid to the conditions that produce relief or increase of suffering, inquiry being made as to the effects of heat and cold, of rest and motion, of excitement and calm, of specific items of food and drink, of the time and particulars of aggravation or amelioration. Systematic examination and questioning are instituted to discover peculiar and unusual symptoms.

These carefully gathered symptoms may be set down as the outward and visible, or inward and functional, evidence of the patient's disorder. They are now to be compared with the recorded "provings" of the drugs.

In making up the homœopathic materia medica, every possible source of information has been visited. Poisonings, accidental or intentional, pharmacological tests, animal experiments, postmortem findings—all these records have been studied. In addition, careful provings are made by administering to the healthy person the chosen drugs, in varying strengths, to determine their power to modify or disturb the functions of the body. Subjective symptoms are recorded with the same care as are the objective signs of departure from health. These many symptoms, gathered from every possible place of information, are grouped together to make up the so-called 'Materia Medica Pura.'

To make clear exactly the scheme employed in preparing the homœopathic materia medica, let us take a single remedy and see how its field of usefulness is determined. For instance, it may be *bryonia alba*, a drug hardly more than mentioned in the United States Pharmacopœia, and rarely prescribed by physicians unfamiliar with homœopathy.

The poisonings with and provings of this drug show it to have three chief centers of conspicuous effect. These are as follows:

The serous membranes, producing inflammation and effusion.

The mucous membranes, resulting in arrest of the secretions.

The muscles, causing irritation and even inflammation.

This general picture of *bryonia* prepares one to understand the multitude of symptoms produced by the drug, for instance, sharp, stitching pains in the chest or in the muscles; constipation, with stools dry and hard as if burnt; congestive headache, feeling as though the skull would burst open; aggravation of all symptoms from motion. The reason for and explanation of each of these symptoms can be found in the general outline of the "sphere of action" of the drug.

Unfortunately, disease, as it is met in practice, does not present clear-cut indications for this or that remedy. It necessitates us, therefore, to study our patient carefully, in order that we may be led to the selection of the curative drug. Stumbling upon an obscure and, at first thought, insignificant symptom, may make plain at once that Bryonia is the remedy. Determining the remedy in this way is analogous to arriving at a diagnosis by virtue of a single symptom. For instance, the symptoms of a given eye condition may leave one at a loss to decide whether the case be one of iritis or glaucoma; the discovery of increased intraocular tension decides the diagnosis. Differentiations between remedies are difficult to make, but careful comparisons must lead the informed student to the indicated drug. In pneumonia, for instance, one may hesitate between belladonna and bryonia, both producing inflammation. The exudate would at once determine that the disease had passed the stage where the former remedy could be of value, and would decide the indication for bryonia.

It will be understood, of course, that in the brief compass of this article one cannot go into the minute details of a system that must be carried out with scientific exactness to insure success. It is the desire of the writer, however, to bring out some of the things that seem important enough to demand the serious consideration of every practitioner. The average physician pays little attention to the moods and mental condition of his patient. He is inclined to scoff at the possible remedial usefulness of drugs for the removal of purely subjective symptoms. He knows, as does every layman, that the taking of this drug or that may be followed by certain mental disturbances; it may be the exhilaration of alcohol, or the sedation of morphin. To make use of remedies, however, to restore normal function to a disturbed mind is rarely undertaken. The homœopathist has faith in the power of his remedies to modify and control subjective symptoms. While such observations may not be capable of mathematical demonstration, yet the repeated verification of these clinical experiences must go far toward satisfactory proof of their reliability.

In collecting material for the materia medica, therefore, no symptom, objective or subjective, repeatedly occurring in the provers, has been disregarded. While much chaff has been included, doubtless, yet the grains of fact are so many that we feel no therapist can afford to disregard the virtues of our literature. It is for the practitioner to determine for himself what is reliable and what unreliable in the collection of symptoms known as the materia medica pura. The one central and essential fact of the system is that the remedy chosen must correspond in similarity to the symptoms of the patient. Its possibility of usefulness is destroyed if the drug be administered because the patient has a definite pathological condition. The prescriber must forget the name of the disease, and choose the remedy for the one and only reason that it is the "similimum" for that particular case.

Let it not be supposed, however, that the homœopathic physician looks askance upon the advances of general medicine. The sputum

examination, for instance, in the diagnosis of throat and lung diseases, is given the same importance in the homœopathic world that it receives elsewhere. The most radical opponent of homœopathy would not say that in the choice of a drug the presence or absence of the germ would influence his selection of a curative remedy. It would simply decide the question of climate or the general disposition of the patient. It means at least that much to the homœopathic prescriber. The laboratory methods of science receive the same patronage and the same encouragement in the homœopathic schools as elsewhere. In surgery, in gynecology, in ophthalmology, the same careful technic, the same skill, the same methods are everywhere employed. No one claims that the results of surgery in other schools are superior to those gained by the homœopathic operator. The American Institute of Homœopathy has officially decreed that "a homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right."

It has been stated already that the size of the dose has nothing to do with homœopathy. Whether one give "a smell or a tub-full" the use of the remedy may be considered homœopathic, provided it is prescribed in accordance with the fundamental hypothesis of the system. As a matter of practice, however, homœopathic physicians usually employ "dilutions" or "attenuations," known familiarly as "potencies." In what is known as the "decimal" system, one grain or minim of the chosen drug is diluted with nine parts of alcohol, or triturated with nine parts of some inert substance, like sugar of milk. This makes what is called the "first potency," indicated by the symbol "1x." To make the second potency, one part of the first is treated with nine parts of the vehicle. The third is made in a similar manner from the second, etc., etc. It will be seen that each succeeding potency is one-tenth the strength of the preceding one. While there are many so-called "high potency" homœopaths, it is probable that most homœopathic physicians employ the third potency, each dose representing one one-thousandth of a grain of the drug. With a remedy prescribed for symptoms similar to its physiological action, it must follow that too large a dose would produce an aggravation of the disease. For this reason, it is desirable to prescribe a dosage short of one producing actual physiological effect. It is aimed to get what the homœopathist calls the "dynamic" effect of the drug, in contradistinction to its physiological or poisonous effect.

"The proof of the pudding is in the eating." The practical value of homœopathy lies in its results. What are these? Perhaps it is not within the scope of this article to enumerate them. It is the belief of the writer, however, that the duration of diseases, concerning which we have pretty accurate knowledge of their natural history, can be materially shortened and the suffering of the patient alleviated. This is a dogmatic statement and proves nothing, of course. But, aside from individual conviction, is not a method of therapeutic application

that has withstood a century of criticism worthy of careful consideration? Since homœopathy is not intended to displace causal therapeutics or remedial measures of known value, is it not incumbent upon the well-informed and conscientious physician to study its possible virtues? This writer has seen glaucoma, acute infections of the eye, and other definite and unmistakable diseases disappear under this system of treatment. Its useful application in every class of affections has been testified to by hundreds of practitioners. Perhaps its advocates have appeared to claim too much, or have failed to make clear its exact place in medical practice. When it is understood, however, that homœopathy is but a method of therapeutic procedure, and makes no pretense to being a system of medicine, its merits may become better known and more commonly applied in practice.

Hahnemann placed homœopathy squarely on two facts or two classes of facts; on one side, the facts of disease, the subjective and objective symptoms of the naturally diseased patient; on the other side, the facts of the remedy, the subjective and objective symptoms of the drug diseased patient. These two classes of facts he made to serve for the premises of a scientific therapeutic application. He directed to cure curable medical constitutional diseases by symptom-similarity, by the similitude of the natural and the drug disease effects, and this method of symptom-similarity he denominated homœopathy. This is all that homœopathy is. It is a plain scientific method, and just because it is this and nothing more, it carries with it all the elements of historic permanency. To speak broadly, but none the less exactly, the sciences of pathology and pharmacology are the premises. Homœopathy, then, is "the method by which the facts of the sciences of pathology and pharmacology are brought into correspondence for the purpose of cure when cure is possible." The colléges of homœopathy teach all the fundamental sciences, present all the facts and theories of general medicine, and in addition, give the student detailed knowledge of the *materia medica pura*. The hospitals under homœopathic control apply in a practical way the didactic teachings of the colleges. Both the colleges and the hospitals recognize the limitations of homœopathy and confine its application to its proper sphere. Thus employed homœopathy has a place in medical practice that cannot be disregarded.

EAST AND WEST

East is east, and West is west,

As runneth the Kipling lay.

West is the place for a man to work,

And East is the place to play.

—*B. L. T. in Chicago Tribune.*

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THE USE OF DRUGS IN CARDIAC DISEASE*

By John Prentice Rand, M. D., Worcester, Mass.

It seems almost presumptuous for a general practitioner like myself to take up any of the time allotted to this bureau. I certainly shall not attempt to instruct you and I fear I may not be able even to interest you in the therapeutics of cardiac disease. The subject is still one of great importance to the general practitioner, for almost every patient, physically speaking, has a heart hid somewhere in his anatomy which may at some time be subject to functional disturbance or organic disease. I say organic disease, but probably organic change would be a truer definition. Many hearts are crippled as the result of inflammatory action which was primarily induced by some form of bacterial infection and we speak of that heart as being organically diseased when the truth is that it is not diseased any more than the cicatrix of an old sore or the stump of an amputated leg. Its valves may all leak; its muscular fiber be hypertrophied or wasted; it is changed, it is crippled, worn-out, and the condition we have to contend with goes under the name of "organic disease." But what's in a name? Any term that conveys one's meaning correctly is all right and it really makes no difference whether we speak of a patient's heart as crippled or diseased. If it doesn't work right it is a proper subject for medical investigation and treatment.

And, first, let us consider some of the acute inflammatory conditions which result from infections of various kinds. The science of bacteriology has revolutionized all of our old ideas of pathology. Thirty-five years ago, almost every inflammatory disease that flesh is heir to was laid to "catching cold." Any

*Bureau of Materia Medica and General Therapeutics. A. I. H., Chicago, 1915.

disease that did not have a distinct and recognized period of incubation, like the eruptive fevers of childhood, was due to it, and almost every complication that followed in the wake of these diseases—minor injuries, surgical operations or of the lying-in chamber—was considered the same. A boy sticks a dirty nail in his foot, “takes cold” and develops lockjaw; a girl gets her skirts wet, “takes cold” and has consumption; the parturient woman steps on the damp floor, barefoot, and dies of childbed fever; and so on through the whole category of disease. Rheumatism and scarlet fever have long been recognized as the predisposing cause of cardiac lesions and “taking cold” from exposure to some change of temperature as the exciting one.

I am not criticising these etiological theories of a few short years ago. They are just as true today as they were then. There may be many conditions where a sudden exposure to a change of temperature will lower our vital resistance, or opsonic index, of which we once knew nothing, and render us an easy prey to disease. It may be that the pathological theories of today will be supplanted in the near future by others entirely different, but the clinical manifestations of disease which were recorded with such wonderful accuracy by Hippocrates and Sydenham and which Hahnemann made use of later as the basis for a homœopathic prescription are yesterday, today and forever the same. The remedies which Hahnemann found of actual service in the treatment of various pathological conditions are just as serviceable now as they were then. The germ theory has furnished us with an invaluable, I might almost say an infallible, guide to prophylaxis and the prevention of disease, but it has not in the least displaced our old time-tried homœopathic remedies. While the pendulum of medical opinion in the dominant school swings from the drastic dosing of the past to the saner method of a purely expectant treatment, we go on the even tenor of our way believing still that in the majority of our cases, the law of similars properly applied will yield the best results.

But pardon this digression, I was speaking of the acute inflammatory lesions of the heart. It goes without saying that *rest* is of far more importance than drugs in their treatment; but drugs still have a place and our old stand-bys, like aconite, belladonna and bryonia are almost sure to be of service. I will not go into the minute symptomatology of these drugs. You

are all familiar with them. I will confine myself to brief mention of a few with which I have had experience, and the indications for their use.

Aconite, 1x-3x. For initial stages of endocardial or pericardial inflammation. Fever; restlessness; thirst; great anxiety; fear of death, etc. An excellent remedy for all acute cases, especially of rheumatic origin.

Belladonna, 1x-3x. Cases complicated with scarlet fever; cerebral congestion; dilated pupils; parched throat; throbbing sensations all over the body.

Bryonia, 1x-3x. Has a marked influence upon synovial membranes, hence of great service in inflammatory rheumatism and the cardiac lesions that go with it. Remember the stitching pains, aggravation from motion, bursting headache and excessive thirst.

Cactus, 1x. May be employed in both the acute and chronic forms of cardiac disease. The characteristic symptom of "constriction" is a sure indication for the drug, which symptom is very likely to appear in atheromatous conditions.

Colchicin, 2x-3x. Would be thought of for cases of gouty origin. There is marked prostration, rheumatic pains in feet and toes; heart symptoms not prominent.

Spigelia, 1x. Useful in acute stage of cardiac inflammation, as well as in frequent attacks of pseudoangina that appear in neurotic subjects. Pains darting, of a neuralgic character, extending down the arm.

In addition to the ordinary simple or rheumatic forms of endocarditis, we may get very malignant ones, caused from streptococcus infection in the course of a general septicemia. Here we should think of

Arsenicum, 2x; *Crotalus*, 6x; *Lachesis*, 6x; and perhaps also of the

Autogenous and Stock Vaccines and Sera, to combat the general septic condition.

I had one case of this kind that I reported at the Obstetrical Society eight years ago. I will not repeat the history, except to say that the case was that of a pregnant woman, who came down with typhoid fever at the date of her delivery, and who subsequently developed a malignant endocarditis and died. The only remedy that seemed to have any influence upon her case

was Mulford's antistreptococcus serum, of which I used 14 packages of 20 cc. each. My experience in this and other cases of malignant endocarditis has been so unfavorable that I am forced to believe that the chances of saving any of them are exceedingly small.

The foregoing remedies are the ones I have found most frequently of service in all acute inflammatory conditions of the heart, and I might say in passing, that these are the conditions which respond so beautifully to the homœopathic remedy and the minimum dose. Other conditions, as we shall have occasion to observe later on, do not respond to highly attenuated remedies, and we are obliged to administer our drugs in full physiological doses, if we would get the best effect.

Some of these drugs have a distinct primary and secondary action, to which our attention was called years ago by the lamented Dr. E. M. Hale, which makes them available in both the acute and chronic forms of cardiac disease. The physician who is able to grasp and utilize these dual and apparently contradictory effects will get the best results in practice.

Digitalis, for example, is seldom indicated in acute inflammatory lesions of the heart or in the hypertrophic conditions that follow them, except it be in very minute doses, but when we reach the stage of relaxation and dilatation, where the muscular fiber is very much weakened, digitalis in full physiological doses becomes our most reliable remedy. It is here that it has won for itself laurels in the dominant school, and it is here that we must use it as they do, if we are to get results. Let us distinguish most carefully, however, in our prescribing between cardiac hypertrophy and dilatation. In hypertrophy we have a giant muscle laboring under tremendous handicap to do a normal heart's work. So long as it is able to do this, it needs no medical assistance whatever. Suppose it does pant and blow! Let it blow! The louder the murmur the more evidence of strength and the less indication for treatment. To prescribe digitalis or any other heart tonic for a patient simply because he has a leaky valve, like "meddlesome midwifery," is bad practice.

The great majority of our prescriptions, however, will be for chronic cases, and the reason is evident. The acute stage of heart diseases lasts but a few days or weeks at the longest,

and many of the mild ones are entirely overlooked, but they leave the patient with a crippled heart for the rest of his life, and sooner or later it is going to require treatment. For a time nature may compensate for the handicap, but the overworked organ is bound to give out. It is here that digitalis in material doses becomes our best remedy. Some patients are much more sensitive to drugs than others, and it is better to begin their use cautiously. I usually start an adult upon digitalis with an initial dose of 4 drops of the tincture every 4 hours, and increase or diminish the amount as the patient seems to require. In most cases this dose is sufficient, and I seldom find it necessary to give over 10 drop doses three times a day. Where the stomach is irritable and unable to retain any medicine, I have used hypodermically, with satisfactory results, that proprietary preparation of digitalis known as digalen, put up by Hoffmann-Laroche. I have never had any local irritation or abscess develop from its use. I always carry a tablet of digitalin 1-100 gr., also a combination tablet of digitalin 1-100 gr., nitroglycerin 1-100 gr., strychnia sulph. 1-50 gr. in my hypodermic case for emergency work. I believe this combination tablet an excellent remedy for many of those cases of palpitation or paroxysmal tachycardia which we are called to treat. Most of these attacks will pass off in a short time if the patient will lie down, loosen her clothing and take a dose of hot peppermint; but occasionally an attack of this kind, if uncontrolled, will result in an acute dilatation of the heart, which may prove fatal. I have had one case that terminated in that way.

If there is renal insufficiency, and you wish to produce diuretic effects, you will find the old-fashioned infusion of digitalis best for the work. The reason, as given by Potter, is that digitonin, the alkaloid of digitalis that has most decided effect upon the kidneys, is freely soluble in the aqueous infusion, while in the tincture and other alcoholic preparations of the drug it is not.

Digitalis is not *per se* a kidney remedy or a diuretic, but when we get a scanty excretion of urine that is due to a weak heart and an imperfect circulation of blood through the kidneys, it will prove to be both. I have never seen any evidence of the so-called "cumulative action" of digitalis, though I have seen many patients that were worse from using it. I am in-

clined to think that we shall never get any if we restrict its use to properly selected cases. I can readily see how we might get an over action of the drug in cardiac hypertrophy as soon as the system was well under its influence, which some might consider a cumulative effect, but I believe that these alarming symptoms, when they occur in such cases, are due to the improper selection of the drug itself rather than to any storing up of its toxic principles in the system. I recall one patient who took 8 ounces of the infusion of digitalis in forty-eight hours, by mistake, and got a most beautiful result.

Convallaria Maj. is another and more recently proven drug which I rely upon a good deal in practice. The sphere of its action is similar to that of digitalis, viz., for compensatory failure and incipient dilatation in an overworked heart. I always think of convallaria in pneumonia patients threatened with heart failure, to whom I give it in 10-drop doses of the tincture every 4 hours.

Crataegus is a still more recent addition to our materia medica, and as an intercurrent remedy for chronic heart troubles will often supplant both digitalis and convallaria. A few years ago I had for a patient an elderly man who exhibited an almost complete heartblock. I could never get a radial pulse above 32 to the minute. *Crataegus* seemed to suit him beautifully, and in connection with convallaria and other heart tonics kept him very comfortable for about two years. Dr. Albert E. Hinsdale, in his paper on "Clinical Experience with Heart Remedies," before the A. I. H. last year, speaks of *crataegus* as a remedy for the early stages of dilatation, while compensation is still maintained, but regards it as absolutely useless in the middle and last stages of cardiac disease. One symptom, not brought out in the proving, which he considers a reliable indication for its use, is this: "painful sensation of pressure in the left side of the chest below the clavicle." This is somewhat of an unusual sensation, but it is worth remembering in connection with *crataegus*, of which he recommends the use of the tincture in 5-drop doses, several times a day.

Sparteïn Sulph. 1x, I have found of actual service to tone up the action of a flagging heart. Hare speaks of it as having a decided action upon the nervous system, and I have often observed it to have a gentle hypnotic effect. Whether this is due

to its action upon the nerves or the enfeebled circulation, I will not pretend to say, but a spartein 1x tablet at night will often insure a wakeful patient a good night's rest.

Strophanthus Hisp. This remedy which is used freely and in full doses by the dominant school has not proved either safe or satisfactory to me. At least three patients to whom I have administered it died suddenly, if not unexpectedly, inside of forty-eight hours, but perhaps the drug was not at fault. I know they were all advanced and hopeless cases which had ceased to respond to other remedies, and strophanthus was given as a last resort, but I have a feeling that the end would not have come so instantaneously if I had not used it. Boericke recommends it for the severe prostration following operations or acute disease, also after long use of stimulants and the tobacco heart. The dose he recommends in acute cases is 5 to 10 drops of the tincture, 3 times a day. My own experience has taught me to discard the tincture wholly and to use the remedy, if at all, in the 1x or higher dilutions.

Strychnia Sulph. Acts through the nerves upon the heart and general circulation, and is really a most excellent heart remedy. For immediate effect in emergency cases, it should be given hypodermically in 1-60 to 1-30 grain doses. For a gentle tonic effect, I use the strychnia phos. 2x. I find it especially adapted to those cases of neurasthenia or general debility brought on from worry or overwork.

Nitrites. For quick relief in angina pectoris or sudden heart failure, I have found the nitrites of real service. Glonoin 2x is the form I use most. I also use the pearls of amyl nitrite for inhalation, but am uncertain how much benefit is derived from it. Have had no experience worth recording with sodium nitrite for the reduction of high blood pressure.

Cardiac asthma with impending pulmonary edema sometimes may be cut short by *atropin sulph.*, 1-100 grain. The March issue of the *New England Medical Gazette*, 1915, contains a most interesting article on "Asthma," by Dr. A. H. Gordon, Chairman of this bureau, in which he recommends the hypodermic injection of 5 to 20 minims of adrenalin chlorid for the relief of paroxysms of asthma, 15 minims being the usual dose. "This," he says, "rarely fails to relieve in from 2 to 20 minutes and may be repeated every three hours for a long period, if

necessary, without any deleterious results." He reports one case of a child of 5 years, who had bronchial asthma with a weak right heart, which was cured by *grindelia robusta* and *crataegus*. A combination tablet of adrenalin 1/200 and spartein 1/8 being used to control the paroxysm of asthma. As the heart is bound to be involved, sooner or later, in all forms of asthma, I think that any remedy that relieves the asthma promises to be a good heart remedy.

Anasarcin. And right here I wish to speak of a proprietary remedy, known as *anasarcin*, with which I have observed good results. Its exact formula is published by the manufacturers, so that the physician may know just what he prescribes. It is probably indicated for weak hearts complicated with renal insufficiency, in which the effect is sometimes very marked. If any of you have a case of cardiac dropsy which does not yield to the other heart remedies, it will be worth your while to look up *anasarcin*.

Aurum et Natrum Muriatricum 2x. I have found this drug of great service in the atheromatous conditions of old people subject to melancholia, vertigo and shortness of breath. It seems to alleviate both the mental and physical symptoms and should be administered persistently for months and years.

Domestic Remedies. There are a few domestic remedies which we are accustomed to regard as heart stimulants, that deserve a passing notice. I refer to

Ammonia, Camphor, Alcohol and Coffee. The first two are usually administered by inhalation, although they may be taken by the stomach as well, and both undoubtedly stimulate the heart's action by the reflex irritation they produce. The second two, alcohol and coffee, are used freely, both as a food and beverage, and are doubtless the cause of a good deal of cardiac disturbance, if not of organic disease. Add to their effects the inevitable results of tobacco and over-eating, and you have a pernicious combination that is hard to beat. Both individually and collectively they load up the blood current with effete and toxic material, which throws more work upon the organs of excretion than they are able to perform. It is still a mooted question whether alcohol is a stimulant or food. In moderate quantities it is probably both. I am sure that coffee is more of a stimulant than a food, and as such should be set aside to be used as

a medicine only. Coffee is injurious to most people. If the truth were known, there are probably more people injured by coffee than by alcoholic drinks, and many sudden deaths from heart failure are due to coffee and tobacco, gluttony and drink.

Lastly, though its mention may be irrelevant to my subject, we must not forget the tremendous potency of hypnotic suggestion, for good or ill, in all of these cases. There is no organ in the whole economy more sensitive to mental influence than the heart. The newly developed term, arteriosclerosis, has brought terror to many elderly people who were going happily down the decline. To be told they had high blood pressure with hardening of the arteries which were likely to rupture at any moment and that the disease was practically incurable has made many people miserable who had no thought of death before.

But what are we going to do about it? I will tell you what I do: A patient says to me, "I have hardening of the arteries, what does that mean?" I reply: "It means you are growing old. You have hardening of the bones as well. None of your tissues are so elastic as they used to be. We are all growing old together and hardened arteries and brittle bones are the common inheritance of age. Hardening of the arteries does not mean imminent and certain dissolution any more than hardening of the bones an imminent fracture of the hip. Go slow. Don't worry. Eat sparingly. The very malady you are afraid of may prolong your life!"

I believe that the physician who does not make use of the psychic element in treating cardiac diseases is making a great mistake. "There are more things in Heaven and earth than are dreamt of" in our materia medica; and "A word fittingly spoken, how good it is!"

Discussion

Carl A. Williams, M. D., New London, Conn. (Read by the Secretary): Your paper I have read carefully, and with much profit and pleasure. I am sorry, however, you do not mention theobromin sodium salicylate, next to digitalis the king of heart remedies. I would use the above preparation 10 to 15 grains t. i. d. I am glad you lay so much stress upon the importance of rest.

Dr. Mills mentions a large experience with *apis mel*. 3x or 6x dilution for cardiac dropsy. I am sure it does good, but the *rationale* is not obvious as *apis* is far from being a heart remedy. But cases of broken compensation seem to improve after taking it.

Dr. Clifford Mitchell, Chicago: Dr. Rand correctly says *digitalis* is

a diuretic. I think one of the most important points in regard to the infusion is that the infusion of the English leaves is the best. In regard to anasarca I do not endorse proprietary pharmacy, but if you have been on a case and get no results and another man comes along and gives anasarca and relieves the case, you can draw your own conclusions.

Dr. Thos. H. Carmichael, Philadelphia: There are some places where we put aside our homœopathic medication and think nothing more can be done along that line. It is a mistake, I think, in very many instances, and our patients would be made more comfortable from the accurate application of homœopathic remedies in some of these incurable cases than in any other way. Sometimes we make mistakes. I have a patient at present, very neurotic, who has had a persistent tachycardia for twenty-five years. She has been treated with all kinds of remedies ordinarily used in such cases, and her tachycardia is of an intense character. I diagnose her case as not primarily a case of heart disease. I have told her that many times; I diagnose it as vagus disease primarily. I think the pneumogastric nerve lost control of the heart twenty-five years ago. There are two remedies that seem to be indicated and which help her. *Cactus* I began giving in small doses, a drop of the tincture. She had the typical symptoms of *cactus* to such a degree that she could not take the remedy. I reduced it, and had the same result until I got it to the 6x, when she could bear it. *Crataegus* I have found also to be a very valuable medicine. To my mind it entirely replaces the use of *digitalis* with such patients, but you have got to get a good preparation. Most of them, I hear, have been unsatisfactory. In my hands it is a very satisfactory medicine, and you can give it without any fear of bad results,—five drops every three hours, and continue it for days and weeks. I use *crataegus* prepared by Otis Clapp and Son.

Dr. John P. Sutherland, Boston: I should like to speak—not in criticism, but in hearty commendation—of the essay we have just listened to. Its author gave us a great wealth of suggestion to draw from for therapeutic purposes:—*aconite*, *bryonia*, *cactus*, *digitalis*, *arsenicum*, *lachesis*, *crataegus*, *strophanthus*—only a part of the list—a wonderful list of remedies and almost all, I think, excellent. I was very glad indeed to have him emphasize his ideas concerning the use of *digitalis*. It seems to me very few drugs are misused or abused as much as *digitalis* is. Its use should be reserved for the few conditions in which it is distinctly indicated, and it should not be used in any other condition at all. The prime indication is muscular weakness,—that weakness which shows itself not only by a *weak impulse*, but by *rapidity* and *irregularity*. I think if we keep these three points in mind we shall have good indications for the use of *digitalis*; and it seems to me it ought not to be used in any other conditions whatever. Unless we get that trinity of symptoms, we had better not use it.

Unfortunately, *digitalis* seems at times to be an unreliable remedy,

pharmaceutically; that is, it varies in strength from time to time, and we possibly make a mistake if we insist upon using any one preparation year after year. Sometimes a certain tincture fails us, and an infusion comes to the rescue. Sometimes the infusion fails and the alkaloids are resorted to with satisfaction. If we find a preparation that is standardized and reliable year after year we should prize it.

In regard to blood pressure, I think the notions prevailing among the laity, and in the profession for that matter, are much exaggerated and incorrect. A real arteriosclerosis is slow in developing and like other organic conditions (fibroma uteri, for instance,) is not easily modified.

If a vascular fibrosis has been established, we make a great mistake, I think, in trying to reduce it by iodides and nitrites. I think unquestionably many a case is hastened to termination and the grave by such treatment. The rational treatment suggested by Dr. Rand appeals to me. Let the patient *rest*, and make the patient "*go slow*" in all things. That includes diet among other things.

One other thing regarding crataegus. I was tempted only two years ago to conduct a small proving of that drug on some healthy students,—fine young fellows. They were under observation for a week before the treatment for blood pressure, urinary analyses, etc., and then they took the drug for a week, and were under observation for a week after they took it. The blood pressure was not affected in the least. I could not find that the drug increased the frequency of the heart beat, or had any other effect upon the heart. I did find a certain peculiar headache and a phosphaturia; the urinalysis showed a marked excess of phosphates in all the provers, but I did not find the heart affected in any way.

Dr. Rand (closing the discussion): I will not take any more time, as we have already occupied more than belongs to us. I feel glad that my paper has brought out such a magnificent discussion. I would like to add just a word in regard to anasarcin. A patient whom I attended over two years ago, was voiding a urine which showed a large per cent of both albumin and sugar. His legs were swollen badly, and he could not lie down at night. Under arsenicum and digitalis he improved perceptibly but I did not think he could possibly last three months. His condition became so serious that he gave up his pastorate and went to live with his son who was a homœopathic physician in a neighboring city. His son put him on anasarcin and his condition improved so much that he lived at least for two years afterwards and, unless he has died recently, is alive yet. I am sure that in his case the anasarcin was of decided benefit.

CANCER CASES TREATED WITH RADIUM: A CLINICAL REPORT*

By John M. Lee, M. D., Rochester, N. Y.

This report includes by no means all the cases treated at the Lee Hospital. Most of the incurable ones that have come under our observation have already been recorded elsewhere. When we took these hopeless patients they were informed that in all probability we would be unable to do more than to prolong their lives and relieve their excruciating pain, hemorrhages, or other serious symptoms. We have been amazed at the effects of the agent on hitherto hopeless patients: almost indescribable sloughing surfaces of soft parts, cartilages of the nose and ears and bones of the face, have been healed; and clinical cures secured so far as possible with such extensive destruction of tissue.

Case 1.—Recurrent cancer of the breast which involved the tissues over an area of five inches around and about the scar just below the border of the axilla. Two applications of radium in three tubes and a varnish applicator equidistant over the surface, five weeks apart, completely despatched the disease, and the surface is left in a soft, healthy condition.

Case 2.—Recurrence after vaginal hysterectomy. The glands were enlarged in the vault of the vagina and grew until they averaged about half an inch in diameter. Radium was applied by tubes very carefully screened. The disease subsided so that no sign of it could be discovered on careful examination. She was regarded as clinically cured at the end of the second month.

Case 3.—Epithelioma of the lip first noticed in September, 1914. Treatment afforded no relief and he was advised to enter this hospital. The disease responded to radium and at the end of four weeks he was discharged from the hospital clinically cured. This is the only operable case in which radium has been used, and he refused to be treated by the knife.

Case 4.—Recurrent carcinoma of the breast. Patient had had four operations in quick succession since the breast was removed. The disease returned three months following the last operation, radium was employed and it disappeared after treatment of two months. It is now two and one-half years since the malady was

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declared to be clinically cured, and she is as sound today as she was when she returned home after the treatment.

Case 5.—Lupus vulgaris of the face developed a year ago last spring. A physician advised immediate removal; but as he believed it was not serious it was allowed to run on until last April, when patient entered this hospital. The use of a half-strength varnish applicator promptly despatched the growth in part, but it was not until seventy-five milligrams of pure radium element were employed that the disease was brought under control and the patient clinically cured.

Case 6.—Several years ago a small tumor was noticed under the arm and another in the breast. She allowed the disease to run on until it was well developed, when she consulted a prominent surgeon who removed the breast with the pectoral muscles and objectionable tissues of the axillary space. The disease returned and she applied for radium treatment last February. About 4,000 milligram hours radiation (radium element) promptly despatched the disease and she was clinically cured within a period of two months.

Case 7.—Patient developed a small aphthous ulcer on his tongue five years ago. The Wassermann test was negative and treatment was unsuccessful. The histological examination showed the disease to be epithelioma. X-ray treatment was employed for two years, nevertheless the disease kept spreading until the entire organ was involved. He entered this hospital and treatment was immediately begun by stitching radium tubes on the tongue. These were employed at intervals of from four to six weeks and within eight months the disease appeared to be eradicated.

Case 8.—Squamous cell epithelioma between the lower jaw and face, appeared to be due to pressure from the lower plate of false teeth. The cross-fire method relieved the excruciating pain and the tumor immediately decreased in size. The disease disappeared and patient remained clinically cured for a number of weeks, when it reappeared. He is now under treatment for the second time and we shall be able to arrest the disease, but what the final result will be cannot be foretold, as the squamous cell variety of cancer is exceedingly difficult to treat.

Case 9.—Rodent ulcer of the face and nose. It gradually increased in size, even under the care of a number of physicians. When we received the patient, July 15, 1913, a well developed

rodent ulcer of three years' duration occupied the lower third of the left side of the nose and extended to the cheek as far as the external canthus. A twelve-hour application of a one-half strength varnish applicator screened by a piece of brass one millimeter and rubber two millimeters in thickness, respectively, completely arrested the disease and she remains well at the present time.

Case 10.—About a year ago noticed an irritation of the upper gum, apparently from false teeth, the plate of which was cracked. Patient says she foolishly kept on wearing it until the last of May, 1914, when she consulted her son, who is a physician. He advised her to take out the plate, but was unable to heal the ulcer and it finally developed into epithelioma, commonly known as epulis. It was removed by operation, but it immediately returned. She was sent to this hospital and treatment was begun October 1, 1914, and she was discharged clinically cured February 28, 1915.

Case 11.—Patient noticed a bunch in his lip which he believed was caused by smoking a pipe. The disease was removed by the plaster method about two years ago but it did not heal: the mass gradually enlarged until it was about the size of a hen's egg. For a time it was very hard, but a few weeks before he consulted us it broke down and became painful. There were two ways to treat it: by removing the under lip and constructing a new one, and the use of radium. He chose the latter, and radium was applied December 7th; and he was discharged clinically cured March 3, 1915.

Case 12.—Patient noticed a little bunch on her jaw five years ago but paid no attention to it until some time after when she consulted a surgeon, who removed the "glands of her neck" and pronounced the disease to be spindle-cell sarcoma. There was not much trouble for a year or two, when the disease returned and a surgeon removed the growths in part, but, as they involved the tonsil, side of the cheek, sublingual glands and the gums, he was obliged to abandon the operation. As the months passed the sarcomata developed markedly in size and when she entered this hospital radium was employed externally and internally, and the disease disappeared.

Case 13.—Extensive epithelioma of the tongue. He had employed x-ray treatment among other remedies for two years without improvement. When he entered this hospital the entire

tongue was involved with a whitish nodular mass and his case had been pronounced hopeless by a number of physicians. Histological examination showed it to be squamous-cell epithelioma. The treatments extended over a period of seven months. A number of times four pieces of radium were secured in place and hand applications were also employed, but marked improvement was not observed. Finally three tubes were stitched on his tongue on several occasions and allowed to remain twenty-four hours. He received in all 14,000 milligram hours radiation (radium element). The disease was exceedingly obstinate, as is the rule with this variety of cancer; this condition in a very sensitive patient made his treatment difficult and tedious, though a good result was obtained.

Case 14.—Recurrent carcinoma of the breast. It was removed eighteen months prior to her entrance to this hospital. The disease had developed throughout the line of the scar and the enlarged glands were intimately united to the axillary vein. The diseased tissue was removed by a liberal dissection and the wound closed. After the first dressing was done, radium was applied and kept an inch away from the line of union and employed for four hours in a place until three tubes and a varnish applicator a half inch apart were made to cover all the surface in the axilla and for six inches each side of the scar. The healing process just below the axilla was interrupted somewhat, though it was not at all troublesome, and after a time closed.

Case 15.—Patient noticed an enlargement in her breast about the last of October, 1913, and consulted a surgeon who advised removal of the glands together with pectoral muscles and the clearing of the axillary space, etc., and the operation was thoroughly carried out. The next September, the disease returned and she had a second operation in October, 1914. Within a few weeks the medullary form of the disease appeared in the skin and subcutaneous tissues and spread with such rapidity that remedial measures became immediately necessary. A third operation was declined by her surgeon, as he regarded her case hopeless. She entered this hospital December 22, 1914, and radium was applied. It was repeated every three or four weeks for a period of three months. The disease was very obstinate, as is always the case with medullary carcinoma, though marked progress was registered. One morning while her daughter was in the room and

they were preparing to return home for several weeks, she was stricken with apoplexy and died that evening.

Case 16.—Two years ago patient noticed a tumor developing on the inside of his lip. The disease progressed until the lip was perforated rather low on the chin, where a tumor developed the size of a walnut. He dispensed with his false plate, which he believed caused sufficient irritation to develop the disease. The condition became alarming and he consulted his family physician, who took him to one of the leading hospitals and operation was refused because of the wide dissemination of the disease on both sides of the jaw and overlying tissues. The surgeon and the family physician brought him to this hospital and radium was immediately employed. The disease responded promptly and the progress has been steady and satisfactory. The opening through the chin and the excrescence have disappeared and all the disease inside of the mouth so far as is possible by the use of this agent has healed. The bone which was partially destroyed remains bare and will probably have to be chiseled off sufficiently to allow the tissues to cover. Aside from this he is in excellent condition.

Case 17.—Lupus of the abdomen, cancer of the foot, enlarged, cancerous inguinal glands, passive congestion and very marked edema of the leg. Although the case was most forbidding, after the facts were presented to the patient, she desired radium treatment. She was never very well as a girl or young woman, and from eighteen to thirty-five she had been an invalid most of the time. At twenty, the cervical glands became enlarged and suppurated, and large scars remained at the side of the neck. About six years ago, lupus vulgaris of the abdomen developed and shortly thereafter it appeared on the foot near the inner side of the great toe. She received good treatment of various kinds, including the x-ray, for many months and was not benefited. Finally a surgeon removed the first and second toes and believed she would not have serious trouble thereafter. A year later, in October, 1914, a surgeon advised her to have the right foot amputated. This was declined. A little later another competent operator proposed amputation at the hip joint. This was also declined and she entered this hospital. Wassermann examination was negative and it was clear that the lupus of the foot had undergone carcinomatous degeneration and the whole appearance of her case was most forbidding; still applications of the element

to the enlarged glands over the femoral veins caused such marked shrinkage as to permit the circulation to be nearly normal and the edema was greatly lessened. The lupus of the abdomen disappeared and the hard ring of indurated tissue about the ulcer of the foot, characteristic of x-ray treatment, gradually yielded and reparative action was taking place when she developed embolism and died suddenly.

Case 18.—Three years ago developed cancer over the sternum between the mammae, also over the jugular veins of the right side. She was a patient in two of the local hospitals for a number of months and operation was, without the use of radium, wisely refused. Finally x-ray treatments were employed during one whole summer. When she entered this hospital an open ulcer occupied all the space between the mammae and the clavicle and down to a point half way to the ensiform cartilage. The center of this ulcer had healed over a surface one inch in diameter and all around this it was open; the skin and underlying tissues were elevated and in shape and size resembled a quoit and were almost of a stony hardness. This ring of cancerous tissue and the ulcer were removed even from between the ribs as far as possible and a large flap turned from the left breast into the open wound and stitched. Two weeks later, when this flap had healed, the mass on the neck was extirpated with a section of the jugular veins which were involved in the growth. The clavicle was divided and retracted so as to make room to tie the jugulars near their origin. A twenty-five milligram tube of pure radium element screened with glass, silver and lead tubes was placed in the end of a thick drainage tube and carried down to the bottom of the wound and left for four hours as a prophylactic. When the wound had healed radium was used to destroy any cancerous remnants which might exist. The wound in the region of the radium tube healed tardily and left several sinuses, one of which led to the divided clavicle which exfoliated several pieces of bone; then the sinus healed. Radium was used five times, a month apart, and the wounds have all healed and an excellent result is secured.

Case 19.—Cancer of the right tonsil, of the gum and inner surface of the soft tissues over the inferior maxilla. Three tubes over which a good size rubber glove finger was carried were securely fastened around braided silk threads which were tied to the proximal ends of the tubes. Another piece of braided silk

was tied to the rubber close to the distal ends of the tubes; a catheter was passed through the right nasal cavity into the pharynx and drawn forward; the braided silk threads attached to the proximal ends of the tubes were secured to the catheter and drawn out through the anterior nares and clamped with a pair of artery forceps: the other threads securely tied to the rubber glove finger at the distal ends of the tubes were threaded in a needle and carried through the tissues of the chin under the jaw just back of its angle. The tubes were then drawn up so as to come closely over the tonsil and the threads tied over a small roll of rubber adhesive plaster which was drawn up against the nose so as to hold the tubes at the desired position on the tonsil; then the other braided silk threads which had been carried through the side of the chin were drawn up snug so as to bring the tubes over the cancerous ulcer, and these were in turn tied down over a small roll of rubber plaster with the adhesive side outward against the skin. The tubes were left in this site twenty hours, then drawn down along the inside of the jaw and allowed to remain twenty more hours. In this way all the surfaces were rayed. During this process, cross-fire was established by another set of tubes applied exactly opposite these on the neck and along the outer surface of the jaw. This application caused all the surfaces to heal and the patient was clinically cured.

Since the removal of tissue from cancerous growths tends to disseminate the disease, we have refrained from making examinations except in favorable cases; therefore the histological make-up of the above cases is incomplete and often valuable and scientific information is thereby lost.

Rodent ulcer is certainly one of the readily curable forms of cancer, but, if allowed to "run on," metastasis is so frequent that the final results are scarcely less to be dreaded than the more malignant varieties of the disease. It was the success with which radium controlled rodent ulcer and epithelioma that encouraged me to purchase radium in rather large quantities and prepare myself to treat any disease in which the element is indicated. Certainly it acts very effectively in all the forms of carcinoma that I know of except two, the squamous cell and the medullary varieties of the disease, and one need not always despair of success even in these. It is also of inestimable value in its sister disease, sarcoma, especially the round cell variety. In the tongue cases I

was unable to secure prompt results except when the tubes were stitched to the organ and allowed to remain from twelve to twenty-six hours. A number of cases which developed in the mouth, about the gums, the tongue and other sites were clearly traceable in many instances to irritation from badly fitting or broken false teeth, jagged teeth, as well as to smoking.

Epithelioma or sarcoma of the tonsils and surrounding tissues seems to have yielded more readily to the treatment than the disease in some other sites about the face.

While on one of my trips to another city to investigate the value of radium therapy, a man of wide experience casually remarked one day, while walking over the wards of a large hospital, that he dreaded to get a case of cancer which had previously been treated by the x-ray. "In fact," he said, "I feel as though I would never take another." I did not comment upon the reasons why, but since I have been working with radium they have come to me very forcefully. I have had quite a large number of patients in whom the x-ray treatment had been employed for from a few months to two years and I cannot help but feel that they were much more difficult to bring under the beneficial effects of radium therapy than others. None of these credit the method with any improvement, and all of them believe that the disease grew gradually worse under its use. In many of the cases there have been elevated lines of from half an inch to an inch wide surrounding the growths or ulcers, almost of a stony hardness and in one instance resembled in shape and size a quoit ring around the ulcer, the center of which had cicatrized. Under these hard tissues there is a line of dark semigangrenous tissue, even under healed portions, which prevents sound repair, and it is not until all this is destroyed that successful results can be secured. In the cases in which this peculiar condition was not present, the x-ray treatments were not of long duration.

We generally have a number of such cases under treatment and when the ring of hardened tissue is considerable it is easier and better to remove it with the knife and then use the radium on such parts of the disease as cannot be extirpated. Any way the cases may be managed, radium treatment is attended by infinitely greater difficulties where the x-ray has been used than in any others that have fallen to our lot to manage; though if large dosage be employed throughout a long period, the disease can

finally be arrested and the wounds healed by the use of the element alone. Other bad results often follow the use of the Roentgen ray. One especially sad case comes to my mind at this moment, in which a lady had undergone treatment for the cure of extensive lupus vulgaris of the face. The soft parts were burned throughout the entire side of the face and when healing finally was secured, at the end of fourteen months, the contraction was so great that the under eyelid was completely everted and the mouth drawn to one side. Atrophic changes had taken place to such an extent that the face had a marked one-sided appearance. Islands of lupus still remain in the cicatrix and the disease is disseminated about the scar and on the other side of the face. There are interspersed also enlarged vessels which resemble markedly fairly extensive angioma and the unsightliness of the face baffles description. Not all of these results often follow the use of the x-ray in a single case, but very frequently some of them are present.

We have the latest pattern of x-ray machine in our office, but have not used it in the treatment of the various forms of the red plague because we have not regarded the method indicated in these diseases, and unless one is equipped with the Coolidge tube, suitable screens, and all modern apparatus, this plan of treatment had better be laid aside altogether. Even with this latest technic the machine is not suited to many forms of cancer, therefore, it will, if finally found successful, best be used to supplement the use of radium in a restricted number of cases. This new element is much more penetrating than the x-ray and therefore more satisfactory in its results. I know that in this view I am not supported by all, but it is because some surgeons work with too small dosage, as I have already pointed out in previous articles published in the *North American Journal* and the *Medical Century* for June, 1915.

The doses in the above cases were repeated from three to six weeks apart and the milligram hours radiation (radium element) per case varied from two hundred forty in rodent ulcers to fifteen thousand milligram hours radiation (radium element) in the most aggravated cases. The periods of treatment were from one to eight months. Although it is too early to state final results, the patients are in excellent condition at the present time.

I have herein cited nineteen of the better cases, only one of which was operable; two died, one is still doubtful, and sixteen are clinically cured.

Discussion*

Dr. Lee: Mr. Chairman, Ladies and Gentlemen: By some arrangement made by the President of the Surgical and Gynecological Society, my paper was transferred to that organization which met yesterday afternoon. Nevertheless, if agreeable to this Society I will state a few of the reasons why failure occurred in the beginning of the use of radium in this country. First, those who purchased the agent and supposed they had a sufficient quantity for practical purposes found, when they came to have it measured up, that frequently whereas they believed they were the possessors of fifty milligrams, for instance, they really owned but five milligrams, and of course they hadn't sufficient radium to effect cures. And again, many of them secured glass rods which were smeared over with radium paste and the amount of radium contained in the paste was so minute that it was insufficient to act upon the patients favorably, and they also secured bad results. In still other instances, the technic was so imperfect that instead of benefiting their patients they actually did them harm by applying the remedy without screening out the alpha rays, and thus burned the tissues. The doctors became discouraged, the patients frightened and failures were the result. As the years have gone on the technic has been improved, larger doses employed and the results have improved correspondingly.

The time has now come when the indications are so sharply defined that surgeons are able to tell their patients very clearly, in many cases, what may be expected from the application of radium. But, on account of the inability to determine the histological make-up of some of the tumors, other failures occurred: The squamous cell and the medullary forms are two of the varieties in which radium does not act well, though even in some of these cases cures may be secured by careful and thorough work. Many milligram hours radiation, frequently 15,000, must be employed to secure the desired result. The Chairman of the Bureau, Dr. Dieffenbach, is a pioneer in the use of radium in America. His results are among the best in the country. His careful study of the physics of radium, etc., enables him to enlighten you better than any one else with whom I am acquainted, and I call for Doctor Dieffenbach to fill out what I have so very poorly outlined.

Dr. Dieffenbach: I should be very glad to avail myself of Doctor Lee's courteous request and state that if he had been here a half an hour ago he would have heard an excellent scientific exposition of the application of the gamma ray of the Coolidge tube, which, as was stated, is somewhat similar to the radiations of the gamma ray from

*Discussion in the National Society of Physical Therapeutics, 1915.

radium and the development of its exact technic. Also at that time Doctor Stevens touched upon the subject and mentioned the relative value of radium and the x-ray. There is no question but that with the improvement of x-radiation of the Roentgen ray and the more penetrating rays and the more massive rays secured from the Roentgen tube, that we are approaching the very short transverse vibrations given off from radium. There is one point, however, that radium has always had, that we do not secure from the x-rays, unless they are secondary rays, and those are the penetrating beta rays given from radium also, and it is a question whether it is not the negatively charged rays, the beta rays, given off from radium, that do the work. Doctor Abbé seems to hold, from experiments made by him, that it is the beta rays given off from radium that do the sometimes wonderful work which we secure with proper milligram doses from radium. If that is so, undoubtedly, by means of the x-ray, we shall be able to secure that also because there is no question but that when the gamma ray strikes the tissues in sufficient amount they will again produce secondary rays in the tissues, similar to the beta rays of radium, which may approximate the results achieved by radium.

I think these two agents should be used jointly in many cases, although as the Doctor pointed out in his paper, particularly in pigmented moles, naevi and keloids, radium seems to have a somewhat more satisfactory action than any of the radiations secured from the Roentgen tube. It is remarkable how, with proper doses, you can take the worst kind of a birth mark and produce a white tissue, whiter than the tissue surrounding it. That is a very gratifying result, and if the discovery of radium had done nothing more than to help these unfortunates to improve their facial defects, it would deserve a place in the Hall of Fame. It cannot be too thoroughly emphasized, that the possession of a tube of radium or disc of radium doesn't make the individual who has spent one or two or three or five thousand dollars on this substance, a radium expert. He must take the trouble to post himself on the exact strength of the preparation that he possesses. He must then know what the milligram hour doses should be, and another very important point that is sometimes neglected, how frequently he must repeat the dose. It is well to bear in mind that different people react differently to radium, and that an infant will react entirely different from an individual eighty years of age. You can give a dosage of one hundred milligram hours through a filter to an old man suffering from epithelioma, and feel that you are not going to injure that individual, but will get a good reaction if he has any reaction left, and will probably get a nice, clean scar. If you use that same dosage in an infant with softer tissues, and more plastic blood vessels, you are apt to get a necrosis, so that this point of technic must be borne in mind. The repetition also must be carefully worked out in regard to the age of your patient. If, in treating a birthmark, for instance, in the baby, you repeat under five weeks, you are apt to get exfoliation and sometimes necrosis.

That doesn't happen so frequently in the adult, so that the question of age is a matter of great importance.

Failures, as stated by Dr. Lee, were often due to improper technic, to improper filtration. One of the earliest things I found in 1902, when I started to use radium, in certain cases where we took the trouble to use a moderately thick sterilized gauze with some cotton over it, so as not to soil the tubes, was that when we secured a certain amount of alpha and beta filtration, we got much better results than when we applied it approximately to the skin; and it was one of my rules to always use a certain amount of filtration. Subsequently, the use of gold, platinum, silver, lead foil and other filters were employed. As they filtered out these alpha rays also the soft beta rays, the gamma rays with a secondary radiation produced in the tissue and the deep beta rays were left and the results were more pronounced.

Dr. Lee (closing the discussion): I want to amplify, if I may, the statement made in regard to the use of the x-ray in cancer. I believe the President stated that sometimes the cases in which the x-ray had been employed were found more difficult to treat with radium than those in which the x-ray had not been used at all. This is true. The old way of using the x-ray seems to cause the ulcer, if it be a cancerous ulcer that is under treatment, to heal in part; possibly the center of a large ulcer throughout an area of an inch and a half in diameter may cicatrize, a ring of ulcer may remain in between this cicatrized part and the border of the skin; the cutaneous surface may be raised a half inch in a circle an inch wide around the ulcer; and underneath this skin and cicatrized part is usually found a black semigangrenous tissue which must be disposed of by radium or the knife before a satisfactory result can be secured. It is better, when a case of this kind presents, to dissect out all diseased tissue, i. e., the cicatrized center, the ulcer surrounding it and the hardened outer cutaneous ring, then turn a flap of skin in to close the wound. All cancerous tissue cannot be removed in such an operation, therefore, when this wound is healed, ray the flap and skin around it thoroughly to finish the cure. In this way very good results can be secured.

Now, it seems to me that we have progressed to this point: If the x-ray man has not a Coolidge tube, the sole-leather aluminum screen and all the other apparatus necessary to treat cancer by means of the x-ray, he had better not use it at all. On the other hand, if he has these things, he can do considerable good, though this form of treatment cannot take the place of radium except in a limited number of cases. Its field, however, is broadening yearly and it may finally be found to be a greater aid to radium in the treatment of cancer.

SOME OF THE LATER IDEAS IN THE EYE, EAR, NOSE AND THROAT FIELD*

By Dean W. Myers, M. D., Ann Arbor, Mich.

I am very much in doubt as to just what I ought to present to you upon this occasion as new in the treatment of diseases of the eye, ear, nose and throat. In looking over the field of my particular branch of medicine and surgery, I find such rapid strides have taken place within the last decade and so many new things have appeared upon our horizon, that I am considerably at a loss to know just where to begin or where to end. Many of these improvements have been of decidedly technical nature, while others I believe have been of very great practical value. I shall attempt to call to your attention only those improvements in our particular field of work which seem to me to have very practical bearing upon present day medicine and surgery.

Cataract. In the first place, it seems to me we could not more fittingly open this discussion than by beginning with that delicate and most wonderful organ, the human eye. We cannot do better than to take for the very first topic of our discussion the restoration of sight by the removal of the cataractous lens. As you all doubtless know, the removal of cataract began many years ago with the street fakir and the county fair humbug who poked a needle through the cornea and successfully dislodged the cataract into the vitreous chamber, thus temporarily restoring vision, soon to be lost, of course, from suppuration. From this very crude and quack method of restoring vision, ultimately came the operation for the surgical removal of the lens. For many years the operation was successfully performed by what is now known as the old combined method. By combined method is meant, a combination of an iridectomy and opening of the capsule, followed by extraction of the lens substance, leaving the capsule in place. Our modern ocular surgeon simply makes a corneal incision and with a strabismus hook pressed into the eye at the lower margin of the lens tilts that body forward and upward and slips it out through the uncut pupil. The iris is then replaced, contracted by artificial light held over the eye and possibly by the addition of a drop of eserin, a small puncture is made in the base of the iris to allow the escape of fluid and thus prevent prolapse of that delicate tis-

*Bureau of Clinical Medicine, A. I. H., 1915.

sue, and the eye is sealed with vaselin. The result of this most beautiful operation is a central circular pupil and an eye healed so that one would scarcely know an operation had ever been performed. One of the great advantages of this operation is that a secondary cataract never occurs. The pupillary space is entirely free from capsular elements which formerly became opaque, resulting in the condition known as secondary cataract. This operation was first described by Lieutenant Colonel Henry Smith of the British service in India and has since been adopted by a number of operators. It has now passed the experimental stage and come to be routine surgery with a large number of our prominent oculists.

Strabismus. Another great stride in the development of ocular surgery has resulted in vastly improved methods in the treatment of the extrinsic muscles of the eye. Our own school has furnished two very prominent workers in this line, namely, Dr. Geo. A. Suffa of Boston, and Dr. Edgar J. George of Chicago. These men have shown us that some of our old time methods of operating upon these muscles were crude and even barbarous and should rapidly become antiquated. For instance, Dr. Suffa has taught us that no longer is it permissible to cut off a tendon and leave it to wander back upon the eyeball or into the soft tissues of the orbit without some means of guiding its future attachment. He has shown, by very accurate illustrations, the attachment of the muscles and the serious danger to future ocular movements that may result from a tenotomy, for instance, of an internal rectus. We have gotten to such a point that now we would consider it criminal to sever completely the internal rectus from its attachment to the eyeball without providing for its re-attachment to the globe.

Conjunctivitis. Another matter of great importance particularly to the general practitioner has been the development of the use of argyrol in conjunctival infections. Formerly the treatment of that dreaded disease, ophthalmia neonatorum, was the bugbear of the existence of many practitioners. Silver nitrate was the stand-by, but even in skilful hands the use of this drug was attended in many cases by corneal ulceration and perforation. To-day argyrol, fifty per cent solution, has largely supplanted silver nitrate and many oculists are declaring that they look with no more fear upon ophthalmia neonatorum than they used to upon a

simple case of pink eye. The great advantage of argyrol in this disease is that it can be used in strong solution and oft repeated, even as often as every fifteen minutes if necessary to control the infection, without irritation to the delicate conjunctiva.

Glaucoma. In the treatment of glaucoma, we find an operation occupying the field of new things known as the Elliott trephining operation. By this delicate procedure a small button is removed from the sclerocorneal sulcus underneath a conjunctival flap which is turned back for the purpose. This establishes a permanent drainage of the aqueous fluid from the anterior chamber to the subconjunctival space and in Elliott's opinion this one operation should ultimately succeed all others and be quite sufficient for the entire relief of this much-dreaded disease.

Probably the most interesting studies in glaucoma have been made by one of our men, namely, Dr. J. Ivimey Dowling of Albany, New York. His interesting reports of the effect of ethmoid disease upon ocular conditions will stand among the very earliest progressive work along this line. Following his suggestions many of us have been studying this condition for some time. We are near the point of declaring that glaucoma must be considered merely a symptom of a disease in some remote part of the body. The intimate relationship existing between the nasal accessory sinuses, particularly the ethmoid cells, and the orbit is more and more attracting our attention. It will not surprise me greatly if, within a few years, we consider hardening of the eyeball merely a symptom of some remote disease such as chronic suppurative ethmoiditis. If we conclude that hardening of the eyeball, or the disease known as glaucoma, is not a disease of the eye at all, but is purely a symptom of some disturbance outside of the eyeball, we shall have reached a conclusion that even now is very firmly embedded in the minds of some of us.

Ethmoiditis. This brings me to what I consider a very interesting portion of my discussion. It is not so many years since we regarded a nasal polypus as a foreign growth to be snared off as often as it recurred and gave the patient trouble. In later years, study of the accessory sinuses of the nose brought to our attention the fact that these troublesome growths are the direct result of chronic suppuration of one or another of the sinuses, usually of the ethmoid cells. We have learned that to effectually cure polypi we must exenterate the ethmoid cavities. We have learned also

that these cavities are responsible in many instances for various conditions. Many cases of asthma have been entirely relieved by merely cleaning out the ethmoid cells. And as I have hinted in a former paragraph, even disturbances of the trophic functions of the eye resulting in glaucoma have been relieved by proper attention to this region.

Our study of these sinuses and their various diseases is leading us more and more to a very wholesome respect for their importance as causative agents in many diseases with which we have long been familiar, but about whose etiology we have been much in the dark. Our little friend, the now quite famous streptococcus, in one of his many interesting forms, likes no better place of lodgment than a comfortable abode in one of the secluded ethmoid cells. Once safely lodged within the recesses of this interesting anatomical structure, he proceeds to busy himself most enthusiastically in producing one of the many diseases about which we have known so very little in former years. It has been well said that chronic anemia or perhaps more accurately speaking, chronic toxemia, has been one of the commonest and one of the hardest problems met by the physician in any field of practice. These were more frequently women, but often enough men. Bad cases in older times were called chlorosis. Later we called them neurasthenics and then hysteriacs or psychasthenics and sometimes T. B.'s, but always we called them nuisances for they were the chief reason why doctors grew gray before their time. Now we know that many and perhaps most of these patients are suffering from toxemia due to some continuous source of infection and our work consists in finding and removing that source. It often means a comprehensive search. It may be luetic and without history or symptoms; it may be intestinal, including the busy little appendix; it may be renal; it may be pelvic; it may be dental; and it may be tonsillar. And don't forget it may be ethmoid, sphenoid or maxillary sinus. Then, too, disturbances of the thyroid gland and other ductless glands may be traced to this source. Both hyper- and hypothyroidism may result from chronic exposure to infection and these are often associated with obscure sinus disease. Chronic rheumatism may find its fountain head in some remote corner of a little ethmoid cell. We have found disease of the ethmoid cells and of other of the accessory sinuses to have a direct bearing upon certain forms of deafness

and, of particular interest perhaps to the general practitioner is the bearing of disturbance in this region upon the production of the so-called "bronchial asthma." It would take altogether too much time to enter into a detailed discussion of this very interesting subject, but I do wish to attract your attention to the January, 1915, issue of the *Journal of Ophthalmology* in which occurs a very interesting discussion of the question we are considering. I wish particularly to call your attention to the remarks by Dr. Wm. H. Phillips upon the relationship between the pituitary body and adrenalin secretion and asthmatic conditions. Just briefly reviewing a part of what he says, we have, "If Sajous is correct in his opinion that the posterior pituitary body contains the vasomotor center, then the amount of adrenalin passing through the pituitary body determines the vascular tonus of the body. If the amount is lowered, dilatation ensues, and this occurring in the adrenals excites greater secretion, and this increased amount in turn stimulates contraction. Thus an almost constant tonus is maintained." Phillips writes, "One finds that invariably the subjects of this disturbance are in a condition of suboxidation. Many of them have other manifestations, as rheumatism, gouty joints, urticarias, angioneurotic edemas and tuberculous invasions. The great oxidizing agent in the body is adrenalin, and likewise it is the great vasoconstrictor. If we study adrenalin from a physiological standpoint, we find it performing two very important functions in the body. In the first place, it is the active oxygen-absorbing agent in the red corpuscle, and hence the important factor in respiration and metabolism; secondly, it is apparently a powerful stimulant to the vasomotor center, exciting vasoconstriction. The pituitary body, therefore, exercising a controlling influence upon the vasomotor activities of the body, may affect seriously the production of adrenalin by disturbing the secreting glands."

It is therefore easy to see how a chronic disease of the ethmoid cells by their close proximity to the pituitary body might readily result in disturbed secretion of adrenalin and thus secondarily bring about asthmatic conditions by vasodilatation of the mucous membranes of the pulmonary tract. These conditions are sometimes very obscure and require careful search on the part of the physician to locate them accurately. We do not now consider an examination of a patient complete, particularly with reference to his nasal conditions, until he has had the nose inspected on several

occasions, such inspection including the shrinking of the tissues thoroughly with adrenalin, placing the patient in proper position to effect drainage, and by inspection with the nasopharyngoscope. We also resort to the argyrol tampons of Dowling, transillumination, and a thorough study of the bacteriological features of the condition.

In this connection it is interesting to note the results of the work done by Dr. Canouse, as reported by Dr. Haseltine in the *Journal of Ophthalmology*. He made some examinations of the tissues and bacterial cultures from asthmatic cases and in one patient was surprised to obtain from the ethmoid cells a practically pure culture of the bacillus he had previously found in the sputum of the asthmatics. This is a Gram positive bacillus belonging to the pseudodiphtheritic group. In two cases showing about equal numbers of these bacilli and of pneumococci and staphylococci, vaccines were made. No improvement resulted from a large number of infections of pneumococcus and staphylococcus vaccine. Second cultures showed fifty per cent pneumococci and fifty per cent pseudodiphtheria. Marked improvement followed the use of vaccines made from the latter in both cases. In another case showing nearly pure cultures of this germ, improvements followed promptly the use of vaccines. Dr. Canouse calls particular attention in this connection to the fact that the same germ is found in about fifteen per cent of normal individuals and no conclusion should be drawn from a small number of cases. Dr. Haseltine stated as his experience and observation in a large number of clinical cases that vaccines are of no value while there are conditions in the nose or sinuses preventing the maintenance of perfect local cleanliness. This will be readily subscribed to by most of us.

Tonsils. I wish to say something about the tonsil and its bearing upon various conditions. Just now the poor tonsil is getting it and getting it very hard. Volumes have been written about it. You are all more or less familiar with much of the literature. I will not attempt to enter into a discussion of the question in general or take up particularly any line of treatment for diseased conditions of the tonsil. It is quite generally accepted among most specialists now-a-days that the tonsil should be removed whenever conditions render the patient liable to repeated attacks of sore throat. I believe, also, it is quite generally

accepted that the tonsil has no particular function, although I recognize that a few authors are claiming for it some unknown function. The studies of Mellon at Ann Arbor would seem to indicate that the tonsil is at least a very fertile field for the development of the streptococcus in one or another of its various forms. The number of diseases that seem to be secondary to tonsillar infection with this organism is rapidly increasing. Recently Dr. Mellon isolated a form of streptococcus from the tonsils of a child in my clinic at Ann Arbor and from a culture of these germs injected into the circulation of a rabbit produced a beautiful picture of streptococcic endocarditis. Dr. Mellon says further, "The presence of the streptococcus in a great majority of normal throats has become definitely established by various observers. At times these organisms acquire varying grades of virulence, and are responsible in part, at least, for a surprising number of diseased conditions. This list has been gradually increased until it has now become quite formidable.

The presence of this organism in diphtheria, measles, scarlet fever, Ludwig's angina, acute purulent rhinitis, etc., is well known. The researches of Poynton and Payne first showed its relation to acute rheumatic fever, which so frequently follows follicular tonsillitis. The work of Davis, of Chicago, is important evidence for the streptococcic etiology of much chronic arthritis. Light has begun to dawn on the etiology of pernicious anemia. Sir Wm. Hunter first pointed out its probable relation to the mouth infections, especially the not uncommon condition of pyorrhea alveolaris. Allen, of London, considers the streptococcus intimately related to pyorrhea. It must be admitted that the streptococcus appears to be the chief infective agent in at least eighty per cent of all cases. To quote from Allen, pp. 193-194: 'We have already seen that there is probably an intimate connection with follicular tonsillitis, postnasal catarrh, the various bacterial diseases of the pulmonary tissues, gastritis, enteritis; and anemia, simple and pernicious, is no less definite.' Likewise the few cases of salivary gland infection have been of the same origin.

My own opinion about the tonsil is, that if the gland were removed within its capsule in every child before the age of three years, of course including the removal of adenoids, the number of cases of diphtheria, whooping cough, croup, measles, scarlet fever, acute rhinitis and acute otitis media would be reduced more

than fifty per cent, and I would not be at all surprised to see the percentage increased very much over that. It is my opinion that the large majority of cases of so called "diseases of children" are secondary to infection which finds lodgment within the tonsillar crypts. I believe the tonsil has absolutely no function, after a few months, at any rate, following birth. I do believe it has a prenatal function, but just what I am not prepared to say. We find the human economy is much better off without it and, in the great majority of cases, if it follows a normal course, it is found to be atrophied and almost disappeared behind the pillar after the first few years of life. The technic of removal of tonsils has become so perfected that the old time recurrence of the growth no longer takes place. A simple incision is made between the anterior pillar and the tonsil capsule, another stroke over the top of the tonsil between it and the supertonsillar fold, followed by the finger which lifts the tonsil out of its pocket. The base may then be cut off either with a wire snare or with an ordinary guillotine. Hemorrhage is readily controlled by packing the cavity with a small pack of gauze or cotton, first dipped in powdered ferropyrin. Some operators even sew this small pack into the cavity, leaving it twenty-four hours. It has not been my experience that this is often necessary.

Anesthesia. There are many different varieties of anesthesia possible in the removal of tonsils. In my own experience, ether has proven the most satisfactory when given hot and taken with an equal portion of oxygen. The patient may be kept under very readily by this method for any length of time necessary so that the operation need not be hurried. Many operators are using nitrous oxide gas and speak very highly of it. In a general way chloroform is rapidly being abandoned except where it can be given by an expert anesthetist.

Discussion

Dr. George Royal, Des Moines: Why is the tonsil involved in scarlet fever?

Dr. Myers: The tonsil harbors the streptococcus.

Dr. Guy B. Stearns, New York: What does the essayist consider the cause of adenoids?

Dr. Myers: Adenoid tissue is a gland like the tonsil. Every child is born with a certain amount of adenoid tissue. I believe the tonsil and the adenoid tissues have function in the baby before birth. But

I think the function disappears after birth. Normal adenoid tissue should disappear and occupy a *nil* position after three or four years.

Question: Would not the adenoids be better without removal?

Dr. Myers: I do not think so.

Question: Why do children have sore throats continually after the adenoids are taken out?

Dr. Myers: These cases are rare. In some cases there is a psychological disturbance. Dr. McCleary of Cincinnati has advanced an excellent theory and follows it in practice,—routine vocal exercises after operation. A singer goes through routine singing exercises the next day after operation. This keeps the tissues from becoming stiff and lame.

THE DIET IN DIABETES*

By Clifford Mitchell, M. D., Chicago

The subject of diet in diabetes is certainly a good one for discussion, but before elaborating it will be well to speak a few words about diabetes in general by way of introduction. Diabetes mellitus is a disease which is increasing steadily in the United States. Mortuary statistics available include the deaths registered up to the year 1914, in the printed volumes at our command, from which we learn that between 1901 and 1905 there were only 3,772 registered deaths from this disease, on an average for these six years, but in the year 1913 there were 9,660 deaths. The death rate on the average from 1901 to 1905 was per hundred thousand only 11.5, while that for 1913 was 15.3.

The mortuary reports for 1913 show that there are about twenty conditions only, which are now more fatal than diabetes. These are typhoid, diphtheria, tuberculosis, apoplexy, organic heart diseases, arterial diseases, pneumonia, nephritis, congenital conditions (as debility, premature birth, marasmus), senility, and accidents. In addition must be included cancer of the stomach, and enteritis in those under two years of age.

The mortality from diabetes in the registration district of the United States is now as great as that of suicide, and of traumatism from falls. It is nearly as great even as that from typhoid fever.

Moreover, disregarding the mortality, but looking at the disease from the viewpoint of curability, diabetes is certainly more

*National Society of Physical Therapeutics, 1915.

formidable than almost any disease with which we are familiar, inasmuch as neither drugs, diet, climate nor surgical operation can be said to effect a cure, and the average age of death from diabetes is between fifty and fifty-five.

Considering the steady increase in the number of cases and the incurability of the disease, I think I am justified in the complaint I have been making persistently for ten years or more, that not enough attention is paid to this disease by way of consideration of cause and cure, either by the laity or by the medical profession. Look over the programs of our medical societies for the last ten years, and you will not find adequate consideration of this menacing malady. More time is devoted to comparatively insignificant diseases than is warranted when we stop to consider what the mortuary statistics and our own experience show us.

The number of persons in the United States with latent diabetes is large, and probably larger than we realize. Allen says: "The existence of concealed diabetic tendencies in a considerable number of human beings must be recognized."

It is time that both press and public woke up to the fact that diabetes in the twentieth century has killed more than ten thousand persons in the United States alone. That most of these persons were of high social and economic value was responsible for the remark of our witty friend, Dr. R. H. Street, who observed, "If you have diabetes, it's a sure cinch you have brains."

Diabetes is indeed a disease of the intelligent class, and we can ill afford to let it prey upon these people so much needed by our nation at all times.

We know little about diabetes or its cause. Practically all we know can be summed up in the statement of Allen, based on thousands of experiments upon animals, that diabetes is a nervous disorder which causes impaired function of the islands of Langerhans in the pancreas, which in turn causes deficiency of the pancreatic amboceptor, i. e., deficiency of that peculiar internal secretion which links food to cellular protoplasm in such a way as to permit assimilation.

Diabetes mellitus is, then, a condition resulting from a reduction of the pancreatic amboceptor below the requirements of the normal metabolism.

Admitting these conclusions of Allen, we are not surprised to find variations in the reduction of the amount of this amboceptor

which result in producing clinically different degrees of severity of the disorder. In considering, therefore, the diabetic diet, we must take into consideration the severity of the condition manifesting itself in the patient in question. We find in practice several types of diabetes according to severity, and while it is not judicious to attempt too rigid classification, we can say broadly that there are latent cases, mild cases, severe cases, and malignant cases. The word malignant is objectionable, I admit, on account of its association with cancerous conditions. Possibly malign would be a preferable term. There are certainly cases of diabetes which pursue a rapid and almost uninterrupted course, practically uninfluenced by diet or treatment, for which some term should be found adequate to express the great severity of the condition.

Diabetes must be carefully studied in the individual to determine the status of the disease as regards severity. For when the type is found to be more or less unmanageable by the attending physician the question of institutional treatment comes up and must be considered. No doubt, institutional treatment is warranted in cases not yet unmanageable, with view to the evil day approaching, but as institutional stay is a hardship in some cases and an impossibility in others, this question is one which is deserving of as much judgment as that involved in the decision for or against a surgical operation.

The attending physician, if qualified, is probably able to manage more or less successfully a considerable percentage of the cases of diabetes. First taking up the latent or very mild cases, it is my experience that in such cases sugar is first found in the urine voided two hours, or nearly so, after the noonday meal, and that intolerance is confined to a certain number only of carbohydrates. In such cases, no acidosis being observed, the patient is put upon a diet of meat, eggs, fish and cheese for a day or two, and when the sugar disappears, which it readily does, a diet is at once adopted which in the main excludes sweets, but which allows starchy foods in amount enough to support nutrition. That this dietetic restriction is sufficient I have proved by observation of several cases over a period of twenty years. If the patients indulge in sweets or in certain fruits or sweet drinks, for which they have peculiar intolerance, the sugar returns. But if they avoid such articles, they are able to attend to the ordinary duties of life without necessarily becoming hopeless cases of

diabetes. I admit that shock, fatigue, or excesses render such cases dubious as to prognosis, but having observed several of them remaining in good general health for many years I see no reason why we should not be optimistic about them.

Diabetes is well known to run in families, hence I regard the disease as presumably latent in any family where a member has it, or has had it. In such families candy and sweet drinks should be tabooed, and the amount of carbohydrates in general made as small as consistent with the general health and nutrition. Parents should consult the table of analyses of foods and select those so far as possible in which the high percentage of carbohydrates does not figure.

So far as I know, this precaution is not observed, as a general thing, but the other members of such a family do just about as they please in the way of diet and "trust to luck." But after a family has lost a child, or more than one child, it is likely to seek the advice of the family physician, which should be given with firmness.

It is true that if no predisposition to diabetes exists, no amount of carbohydrate fed to the person can induce diabetes. But if, on the other hand, the mysterious predisposition does exist, there is reason to believe that indulgence in certain saccharine articles may hasten the development of the disorder, especially if the patient's occupation or social condition is such as to favor the disease.

A case of diabetes mellitus may be called mild when sugar is present in amount at all times in the day and night on a mixed diet, but without presence of acetone bodies or excess of ammonia in the urine, while at the same time the sugar disappears on withdrawal of carbohydrates from the diet and the acetone bodies do not appear on such withdrawal. Moreover, on adding carbohydrates to the carefully regulated diet, the sugar does not reappear, either at all or in considerable quantity, when not more than four ounces of bread are allowed per twenty-four hours. Exact definition of a mild case is probably not advisable, as we are not always in a position to pronounce a case mild or not, except at the particular time we see it. Circumstances of grief, shock, fatigue, or excess (physical or mental) may change the type of case, hence I object to pedantic adherence to clinical classifications.

Given, however, a man, fifty years of age or over, who is fat, who complains but little of bodily ailments and who shows a condition of the urine as above described, I think we are justified in regarding the case a mild one. Such patients are usually managed well by an intelligent family physician. The von Noorden dietary is, as a rule, well suited to this class of cases. This dietary allows all meats, fish, shell-fish, meat sauces, eggs without flour, all fats, cream up to 300 c.c. daily, cheese up to 50 grammes daily, most vegetables (excluding squash, beets, potatoes, turnips and carrots); allows eight or ten nuts daily (walnuts, hazelnuts, almonds, Brazil nuts or peanuts); allows stewed cranberries, unripe gooseberries, and young rhubarb preserved with saccharin or crystallose; allows any kind of soup or broth without flour or the forbidden vegetables; allows desserts made from eggs, cream, almonds, lemon, gelatin; allows brandy, rum, arrack, kirshwasser, light Rhine wine, gin, dry claret, Burgundy and sparkling wines sugar-free; allows the various condiments (salt, pepper, etc.); allows tea, coffee, mineral waters, diabetic cocoa (20 grammes daily), lemonade, and saccharin, crystallose or glycerin as a sweetener; glycerin not to exceed fifteen grammes a day.

It will be seen from this list that milk and most fruits are excluded. As to the matter of bread, von Noorden allows 100 grammes of white bread or its equivalent per twenty-four hours. It is in these equivalents for bread that success in holding the patient to the diet largely consists, as also in providing substitutes for withdrawn articles.

The common theory that to treat a diabetic, one must "cut out" articles is true only when qualified by the rule that for everything cut out something else must be put in. In Europe this is an easy matter, as manufactured articles are to be had which assuage the cravings of the diabetic to a considerable extent. Thus a sugar-free milk is made in Brussels, Vienna and elsewhere. Fruits are prepared from which the sugar has been extracted and flavor added, as also diabetic marmalade, diabetic cocoa, and other articles, the analysis of which is a fixed proposition. In this country we have the eighty per cent gluten flour, and the casoid articles.

To allow various articles of diet without stipulating quantity is a serious error, as the diabetic patient prefers to make an entire meal on one or two articles he likes to a variety of things which

he does not like. A favorite subterfuge on his part is to eat gluten bread and milk.

It is possible to treat certain mild cases of diabetes with considerable success if one is skillful in obtaining recipes for dishes providing variety, but, as a rule, the diabetic will pick and dip among things he happens to see exposed in stores or at home. The diabetic who adheres to the diet is one who is afraid of something. Nevertheless, in spite of their lapses from the dietary, I have under observation several diabetics in whom the mild type has been treated with good results for from ten to twenty-five years. In spite of this success, I advise institutional stay even for the milder types, whenever it can be done, once or twice a year.

There remain to be considered the severe and the malignant cases. In women we most always see severe cases, often malignant ones. In children the cases are malignant, in young adults from severe to malignant, occasionally mild.

In severe cases the sugar, after being excluded by rigid diet, recurs in quantity on addition of comparatively little carbohydrate, even though the acetone bodies are absent. Such patients tolerate less than 100 grammes of bread or its equivalent, and to suit them with a diet is difficult, as their variety is limited. It is well in such cases to make a thorough physical examination to see if there is not some underlying condition which keeps up the sugar excretion. Worry, syphilis, hypothyroidism, gall-bladder conditions, and gynecological conditions may play a part in these cases, which are so intolerant of carbohydrates, even though without acidosis. The x-ray and the barium sulphate meal should be used in obscure cases of this kind, as well as the Wassermann test.

The liberal allowance of vegetables mentioned above in von Noorden's list is not for these patients. Asparagus tips, cauliflower, celery, cucumbers, lettuce, are about all they can tolerate. At best, articles in the five per cent. carbohydrate class. If they use cream, it must be washed with water to remove the sugar. Bread may have to be limited to 50 grammes in twenty-four hours. On the other hand, we fear to allow meats, eggs and cheese in too great amount for fear of acidosis. The utmost effort has to be made in these cases to discover carbohydrates which they can tolerate. For the family physician to do this is

difficult, though not impossible, if the patient will go to bed, have a nurse, and submit to institutional care at home. If this cannot be done, he had better go forthwith to an institution.

There are several cases in which, besides a high per cent. of sugar, acidosis is persistent, or tends to recur.

In my opinion, when acidosis, shown by the presence of acetone bodies and by a urea-ammonia ratio less than fifteen to one persistently present, is observed, the patient is properly an institutional case, despite the fact that I have suppressed the acetone bodies without institutional aid in certain cases and prolonged life beyond my own expectations for the cases in question.

In such cases we must analyze the metabolism, ascertain the various balances and utilizations, and these analyses are hard to accomplish unless the patient is under perfect control.

Finally, whenever the patient is in a critical condition and cannot be removed to an institution, acidosis is high and coma impending, all food must be withdrawn, and nothing but water or weak lemonade without sugar allowed for several days, two to four being usual, until all sugar and acetones have disappeared. In case of great weakness, it may be proper to allow alcohol in small quantity.

After the sugar disappears, it is well to continue the fast for a day or two longer, then to give 200 grammes of vegetables per day, such as celery, lettuce, cauliflower, and asparagus tips, increasing the amount daily, until a trace of sugar appears, then fasting again for a day and trying the thrice-cooked plan for the vegetables in case the patient fails to tolerate them. Vegetables boiled through three waters lose nearly all the starch, and, as a rule, are then better tolerated.

When the vegetables appear to be well tolerated, then an egg may be added, if no acidosis results. More proteins are added day by day until the sugar appears again or acidosis threatens, when the amount of protein must be again diminished with care.

The patient loses weight on this treatment, naturally, but, as a rule, regains it on recovery. Subsequent diet must consider both glycosuria and acidosis in presence of which the patient cannot be said to be doing well.

Finally, we encounter the malign cases, which, in spite of all we can do, practically pursue a downward course unaffected by any kind of treatment. In such cases I use alkalies in large doses,

in addition to moderate restriction of the diet. Even fasting may fail to ameliorate such cases, and the amount of sugar and acetone bodies in the urine continues to be great until death from coma takes place. Such cases are said not to be as common as formerly, since a more intelligent conception of the needs of the diabetic has taken place.

In conclusion, let me remind you of the benefits to be derived from the complete analysis of the twenty-four hours' urine in diabetes. A large amount of urea, uric acid and indican, and a high acidity, are a sign that the patient is taking too much protein. Often the sudden occurrence of the acetone bodies in a seemingly mild case is a sign that the patient is becoming constipated, and should have the paraffin oil treatment. A high per cent. of sugar without acetones shows that the patient is not adhering to the diet, or that the diet is faulty and must be made more strict. Marked fluctuations in the amount of sugar show that the patient observes the diet on some days and not on others. If it be certain that the patient observes the diet, but the sugar is still high, fatigue or worry must be looked for and corrected.

Too much protein in the diet is readily shown by a high urea-phosphoric acid ratio in the urine, above fifteen to one. Marked indican is also a sign of excessive protein intake.

Time forbids an exhaustive consideration of the diet in diabetes, about which volumes have been already written. In closing, allow me to direct your attention to a few cases which illustrate the points I have tried to make.

Case I. Very mild diabetes. Patient a physician, thirty years of age. Two hours after the noonday meal I found from two to three per cent. of sugar in his urine by fermentation, every day for several days, but no sugar in quantity at any other time. Put him on meat, eggs, and cheese diet for a few days, after which allowed the usual mixed diet, avoiding sweets; finally, when sugar did not return, allowed a little cane sugar in drinks. Patient alive and well twenty-five years later; has had no illness in entire time; is in active practice. Whenever he eats more than so much sweet the sugar comes back.

Case II. Man, forty-three years old, in whose urine in 1891 I found four per cent. of sugar when on a mixed diet. No acetone bodies. He has been on a diet similar to von Noorden's, described in the paper above, for twenty-three years, without acidosis, and

almost always has from two to four per cent. of sugar in his urine except when in Carlsbad, when sugar leaves the urine. Impairment of the general health, poor vision, lack of strength, and the peculiar mental traits of diabetics are now in evidence, but he is able to be up and around still and shows no signs of impending death, though heart at times is weak and a plain trace of albumin is always present in the urine besides the sugar.

Case III. Woman at the menopause, with six per cent of sugar when first seen, and no acetone bodies in the urine. This patient on von Noorden's dietary lost only one per cent. of sugar in two weeks' time, although the diet was faithfully followed. Close questioning brought out the fact that she was worrying about the illness of another member of the family.

Case IV. Early in 1913 saw a man, thirty-eight years of age, passing 5,500 c.c. of urine in twenty-four hours, with seven per cent. of sugar, and plenty of acetones. Put him on a diet somewhat like von Noorden's, but insisting on soda bicarbonate in hot water before meals, and in a month, without interruption of his vocation, the sugar dropped to about one per cent., the acetone bodies almost disappeared, and the urine volume decreased to 2,750 c.c. per twenty-four hours. Continuing the same regimen, the acetones entirely disappeared under the ordinary tests, and on one or two occasions there was no sugar to be found in his urine. He has been attending to his business ever since, but when obliged to travel and depend upon hotel food, etc., he has relapsed, when sugar appears in quantity and acetones also.

Case V. Woman, forty-eight years of age. Diabetes appeared suddenly, and there was marked polyuria, thirst, and six per cent. of sugar, without acetones. Patient was not controllable as to diet, and in a year died in coma. A feature of her case was that even after all food was withdrawn and she was given water only she had great thirst, and passed urine containing a great quantity of sugar and acetone, until death from coma took place three days later.

Case VI. Brother of Case V. Warned by his sister's experience, he went to an institution as soon as he discovered his condition. Did well under the treatment and returned home, but died in coma about one year afterward.

In conclusion, let me express the opinion that in diet is the only relief for the diabetic, but that, owing to many circumstances;

it is impossible to regulate the diet without procedures involving expense, hence the benefit obtained from dieting is small compared to what it might be if the patient were able to make his diabetes his sole business in life.

Conclusions

1. Latent cases, or those manifesting glycosuria two hours after the noonday meal, can be managed by first, a strict diet, and then a liberal one, merely avoiding articles for which the patients show intolerance, as bananas, glucose-containing foods, champagne, etc.

2. Mild cases, or those manifesting more or less glycosuria without acidosis at all times on a mixed diet, can also be managed, as a rule, for years without serious trouble by use of the von Noorden dietary, occasional oatmeal days, or vegetable days, being made use of. These patients do well as long as they avoid fruits, milk, and excess of bread. Substitutes for these articles must be found, in order to hold the patients to the diet.

3. Severe cases, or those in which sugar is high on a mixed diet and does not decrease measurably on the von Noorden dietary, must observe a stricter diet, with only the five and six per cent. carbohydrate classes of vegetables, avoiding all fruits, milk and taking no more than 50 grammes bread, or its equivalent, per twenty-four hours, unless the patient happens to tolerate potatoes, rice, or oatmeal in relatively greater amount than bread; at the same time, alkalies, or soda bicarbonate in hot water (10 to 60 grains) half an hour before meals, must be taken.

4. Grave cases, or those which exhibit marked intolerance and acidosis, require the fasting treatment, followed by cautious use of the thrice boiled vegetables in the five and six per cent. classes, and, finally, protein, as explained above.

5. The severe and the grave cases are to be regarded as properly institutional ones, and the mild cases are benefited by regular visits to the institutions.

6. Even the latent or very mild cases should cultivate the institution habit whenever possible, in order to be brought to a realization of the dangers confronting them, but this is hardly necessary in the cases of middle-aged men of normal self-control.

CARNOTITE—THE AMERICAN RADIUM*

By E. Stillman Bailey, M. D., Chicago

Carnotite is a radium-bearing ore. It was discovered in 1888 as a uranium ore, by Charles Poulet, a chemist and prospector, in Montrose County, Colorado. It was named by him at the suggestion of Mr. E. Cumenge in honor of Marie Francois Sadi Carnot, President of France.

The name carnotite in no way suggests its properties. It is usually associated with sandstone rock and a uranium element, probably concentrated as an ore body by the action of water. The working chemical formula of carnotite is U_3O_8 or the same uranus oxide of pitchblende ores.

After exposure to the air or upon heating, the characteristic appearance of carnotite is yellow. It is radioactive in a very low grade percentage. Enormous quantities of carnotite are known to exist in Colorado and Utah, but in 1%, 1.5% or 2% bodies; very high grade ore is rarely found. A very careful assay gives the ratio of radium as one part radium to 2,940,000 parts of uranium in carnotite ore. This is the unit of its radioactivity.

The international standard of all preparations of radium is measured by gamma ray comparisons and these rays are but 1 or 2 or 3 per cent of all the radium rays, hence we are able to get some basis for our experimental work, which in point of fact increases the mysteries of radium rather than lessening them. There are two ways of measuring the rays of radium. One is by the ionization of the air and the electroscopes adjusted by a time measure. While it is a delicate measure it is difficult of description, but it has the advantage of great accuracy. The second method of demonstrating the presence of radioactivity and of radium is by the exposure of the photographic plate to the emanation of radium. This is the method that appeals to the eye, as well as by registering the amount of destruction of the silver salts on the photographic plate. This is the method that I have used to determine the tracings of the disappearing energies of radium atoms in a series of experiments with carnotite ore.

A word of explanation is needed here. We understand things best that are presented to us by comparison. The illustrations

*Surgical and Gynecological Society, A. I. H., 1915.

from radium rays are comparable with the x-rays, the differences are marked and are as follows:

The characteristic radiograph of the x-ray on the photographic plate is judged by the accuracy of the lines and clearness of the outlines of the shadows that are produced.

The radiographs left by the radium rays, changing the silver salts on the photographic plate are normal when the lines are quite distinct, the sharpness is lacking or they lack the definition. The edges are blurred and characteristically feathery.

The x-rays are focussed, the radium rays are not. The former are made mechanically and very quickly, the latter depend upon the character of the emanation; it may be very tardy; it is a chemical ray and not an optical ray. A very weak emanation of radium is followed by a faint outline; the idea prevailing that there is such a thing as a low grade of indifferent or very faulty radioactivity depends entirely upon the amount of the radium content in the mass. If the radium element is infinitesimal it will only manifest in proportion to the actual radium element. It is a difference in degree only.

This explanation will serve as the interpretation of my screen work and lantern slides herewith submitted.

My self-appointed task was to find the vanishing point of light, by progressively diminishing the quantity of radium element in carnotite ore where there would be no further detection of the emanation affecting the photographic plate. There must be a place where the rays cease to manifest. My task was to register this point as accurately as possible. The rules of research work require the statement of the exact methods including all the details, so that any other one using the same methods under the same conditions will obtain exactly the same results.

I tested the carnotite rock on a photographic x-ray plate, using at the same time an equal mass of sugar of milk as a control test. In twelve hours I had proven the carnotite ore to be highly radioactive by the picture it made and the sugar of milk was negative, no impression being visible.

A piece of carnotite ore, in the natural rock form was given me by a friend; it was a piece of high grade rock or mineral. I did not test it out by the electroscope, but it looked rather better than the average ore. It was highly oxidized and easily worked. Mr. Shelly of Denver, Colorado, an expert in rare minerals, con-

firmed it as carnotite. The piece of mineral weighed 153 grains. I looked upon the specimen of ore the same as I would a specimen of gold or silver or lead ore. It was in a natural state and was not a concentrated or chlorid or bromid or any other chemical product. I chose it in this state for my purpose of comparing it with the common natural forms of substances chosen and used as a medicine when subjected to the same treatment.

It was a piece of sandstone rock holding a radium content. I elected the official trituration method of decimally diminishing the original mass. The 153 grains were placed in a clean iron mortar, alcohol was poured over the mass and set on fire. While it was burning I pulverized the mass into a paste. I again used alcohol to burn out the impurities and foreign bodies, and when the powder was thoroughly dried, the mass weighed 123 grains, estimating a loss of 3 grains more in making the transfer, I added 1,080 grains of sugar of milk, making a mass of 1,200 grains, 120 being carnotite, and I commenced my first decimal trituration. In the laboratory I had a large Wedgwood mortar operated by electric motor, the heavy pestle operating in one direction, the mortar revolving in another direction. The speed of the triturating machine was operated at twenty revolutions per minute.

Before placing the twelve hundred grains in the mortar I poured alcohol in the mortar and over the pestle and cleaned every part by the flame. For the first trituration the mortar was operated continually for six hours. I took one-tenth part of the first subdivision of the energy resident in the mineral and mixed it with nine more equal quantities of sugar of milk, keeping the amount to be triturated equal to the first 1,200 grains.

The second decimal trituration was operated for eight hours. The third, fourth, fifth, sixth, seventh, eighth, ninth, tenth and eleventh were operated five hours each exactly, and the twelfth six hours. Dr. J. L. Smith was kind enough to see to the accuracy of the time of each trituration, after first washing the mortar and pestle in running water under city pressure. Then alcohol was used to burn out all residue of the previous triturations, the mortar being porous, the emanation might go into the succeeding triturations, but it did not. The triturations were carefully bottled, labeled and dried.

Then came the preparation for exposure to the x-ray photographic plate, direct and not through the usual envelopes. As a

result of former experience and my own criticism of my former technic, I instituted the following experiments: I selected twelve very thick and very shallow watch crystals. After burning them clean I used very simple mucilage, as used by retouchers of negatives, applied with a toothpick wrapped with cotton, and built up on the concave side of the watch crystal, the numeral "1," taking care that the trituration should not come above the watch crystal or touch the photographic plate, but the emanation should be as near the plate as possible.

The various numerals from one to twelve, inclusive, were built up with a trifle of the same retouching fluid used to hold the mass of the triturations together, but offering no chemistry to change the plate. Not one particle of the trituration could touch the photographic plate, but only the rim of the watch crystal.

Dr. Ansel Van Horn, who has aided me in all my other experiments and who is a special operator in the x-ray laboratory, kindly assisted me in this experiment and to his photographic skill I am indebted for the twelve lantern slides I can now show you. All the twelve watch crystal numerals reappeared as photographed on the x-ray plate.

I used a second plate exposed in the same way, using only six of the triturations. I waited six days and exposed the plate and found I had a radiograph from each of the six triturations. I figured that to get a response from the twelfth, which I was anxious to do, the time for exposing the whole number of triturations would have to be extended to about eighteen days.

The twelve triturations were exposed on a photographic plate, 32 days and 4 hours. The results:—every one of the numerals appeared, many were accurate in detail while the eleventh and twelfth were as bright optically as number one, practically due to the large amount of the trituration that went to make the numerals.

There was no chance for self-deception or trickery in photography, as there can be no counterfeiting of a radium radiograph, as I have already explained. As a matter of fact I was not interested in the mere matter of the further detection of the energies in the different triturations. I had in mind the more scientific test of finding the vanishing point of light in the radium content of the newly found energy in carnotite. I need not discuss here the use of the term "light." It is not the same as sunlight effects or

the basis of optics. It was with me a purely scientific test and not to bolster up one's personal pride in the use of energizing remedies by subdividing them.

I found that in the last, or twelfth, trituration I had developed light to a marvelous degree, considering the amount of the original material I had thrown away in the decimal subdivisions made twelve times. Its mere mathematical enumeration is only a part of the mystery. It is beyond comprehension if we stop to count the atomic energies by tearing the atoms apart, by any mathematical proposition that would be accurate. Finding twelve good radiographs, easily identified, I conducted seven more triturations in the same careful manner. These nineteen watch crystals, each with a numeral in them, together with one control of sugar of milk and one of zinc sulphid for high light comparison tests, were all placed in the same painstaking manner upon one special Paragon x-ray photographic plate. The development of the plate is set for June 20th, another period of 31 days.

The matter of time of exposure is more of a curiosity test than a requirement for accuracy or criticism, of method. If the energy exists in the whole of these decimal triturations from the very nature of the infinitesimals, we are using, the time must be of no consequence. Is the energy there? This is the question of importance and this shows the fallacy of speaking of feeble radioactivity. It is feeble only when there is a diminution of its presence or its quantity.

The exposure of these nineteen triturations lasted from May 19th to June 22nd, 1915, 33 days. This plate was developed by Miss Fanny Littlejohn, expert in x-ray photography, and every one of the nineteen numerals has marked its imprint on the plate. The final expression of energy, through the liberation of radium rays is beyond the nineteenth decimal trituration.

Radium is an element. It matters not from where it is isolated. It is the one fixed point in the experiment.

The above most carefully conducted search has been to find the radiant and visible limitations of the radium content in a bit of carnotite rock.

The complete assay of the rock gives the chemical ingredients. We discard all except the uranus oxid U_3O_8 . We begin to get some idea of the mathematics of what we have done in the fol-

lowing resume, conducted on well established lines of radium research work.

The properties of radium content, to start with, were one part radium to 3,000,000 other uranium parts. The only way radium manifests is in the giving off of emanation or rays. This is by a process of disintegration. The known proportion of disintegration of radium per second is $1/481,250$ part of the radioactive constant, which is the mass, or generally speaking, $1/5,000,000$ part of the mass is giving off characteristic rays each second of time. The mass itself disintegrates only as the particles lose the rays, so some masses decay in a different time period.

One milligram of radium gives off 136,000,000 alpha particles or alpha rays per second and these particles are expelled from the radioactive element much as bullets shot from myriads of little guns. There is no known method of accelerating or retarding the emanation. Freeing them from their rock content gives a better observation of their energy; the energy is not made, but is the occasion of expression.

Trituration, such as we have undertaken, simply tears apart the molecules constituting the rock itself. The greater the tearing apart, disrupting by force, the tearing process of grinding is really the liberation of the atoms. The construction of the atom is determined by the ions or electrons in the atom. They are readily figured by reason of the predetermined specific gravity of the metal. Mercury is known to have a system of 2,000,000 electrons per atom. Radium, with a much higher specific gravity, is credited with each atom having quite 250,000,000 electrons.

We have passed away from even microscopic matter and have in its place dynamic energy, which came out of the original matter, the inherent stored-up energy whose origin we do not know; but on hypothesis it is identified as a form of electricity, or electrical energy. Trituration gives us atomic parts and the emanation shoots out its energies, not unlike the display of the light from a Roman candle or a bursting sky-rocket; hence the action on the photographic plate. In the grinding process, we liberated the energies and as the disintegrations have been going on, the electrons have been caught or held in the sugar of milk, we have used for this purpose. The energy was instantly imparted to the menstruum, sugar of milk, which is thereby made intensely radioactive by the facts of mathematics as above. If you care to elab-

orate them, consider them in the observation of their imprint on the photographic plate as presented in the lantern slides or the enlarged photograph.

One word more. The gamma rays of radium constitute one per cent of the radium content, the beta rays nine per cent and the alpha rays ninety per cent.

The usual therapeutic uses of radium when the salts are to be applied is to use a glass, a varnish, a mask or filter, or a screen. This cuts off all possible influence of rays, except the hard beta and the gamma rays. When radium applicators are used, at most only ten per cent of radium energy can be used, and usually only one per cent. With the emanation treatment, all of the energy in radium can be used.

The passing of water over radium minerals makes the water radioactive by coming in direct contact with the radium emanation. The important thing is not that the water is radioactive but to what degree it is radioactive. Radioactive water and the radioactive air in radiotoriums, have great therapeutic value. All of the rays of radium are thus used. Time does not allow of elaboration here.

In offering these radioactive triturations and having proven the energy in each, I submit as the incentive the recommendation of Louis Wickham and Paul De Grais, who first suggested the means of employing radium. (*"Radium and Cancer,"* p. 16.)

"We are able to group the different methods according as the salt or the emanation is in a free state, or imprisoned in an appliance completely closed; the emanation method, where the emanation is directly utilized, the radiant method, where the rays are employed."

These rays differ greatly from each other. The alpha rays are composed of material particles spontaneously charged with positive electricity. As far as radium is concerned, emanation is the first product of disintegration; the gas then in its turn decomposes resulting in the formation of many different active products, which it deposits on every subject. (*Radium and Cancer,* p. 12.)

It is an easy thing to deny and often more difficult to affirm and to prove, but as all matter finally separates itself spontaneously and returns to a state of disintegration, we have before us the general fact that not alone is energy inherent in the radium atom, but it is present in all forms of matter; if the matter is

specialized as a drug or a remedy for the sick, the proposition is that all atoms have their own expression of energy and even in the disintegration state not only may one drug be treated as we have radium in carnotite, but all forms of matter also. Teasing out atomic energies is scientific. What happens to different atoms depends on their elements. Fortunately they differ as we well know.

Had I the time I could elaborate from many sources, pages of provings, resulting from observation of the effects of radium rays, also the emanation and different forms of radioactivity. As a result of personal observation I wish to contribute a page to the therapeutic values of radium emanation treatments. I have used carnotite as above explained choosing the energy from the expression in the photographic plate. The 10th, 11th, 12th, and 15th are worth while.

The class of cases that I present in this list are various forms of atonic dyspepsia. Every physician has a quota of those cases. They never seem to prosper under any form of treatment. My experience with the trituration which to my mind is valuable because of the imprisoned alpha rays in countless myriads of energies act promptly upon the vascular system, not forcing but coaxing to more normal activity cell and gland action, thus directly influencing both metabolism and the blood itself. Many of my cases have improved rapidly in their nutrition. The detailed report will follow at our next session or by special contribution in the shape of an already prepared paper giving a list of and details of each case. I offer for your inspection the elements from which I deliver the proof of the energy resident in the radium atom, even beyond the 19th decimal trituration.

The Short Tongue.—Abernethy, the celebrated physician, was never more displeased than by having a patient detail a long account of troubles. A woman knowing Abernethy's love of the laconic, having burned her hand, called at his house. Showing him her hand, she said: "A burn." "A poultice," quietly answered the learned doctor. The next day she returned and said: "Better." "Continue poultices," replied Dr. A. In a week she made her last call, and her speech was lengthened to three words: "Well, your fee." "Nothing," said the gratified physician; "you are the most sensible woman I ever saw."

COMPARISON BETWEEN HOMŒOPATHIC AND ALLOPATHIC THERAPEUTICS*

By George Royal, M D., Des Moines, Iowa

In making the comparison, let us confine ourselves to drug therapeutics, referring briefly to such other therapeutic measures as directly affect drug action. Let us define a drug as any substance which, when introduced into the living human body, is capable of altering the function of any tissue or organ of that body.

It is our purpose to compare the therapeutics of the past used by the two leading schools of medicine only that we may forecast what the future has in store for each school, and that we may the more intelligently play our part in the changes which are taking place and will continue to take place in drug therapeutics. We have decided upon this course for two reasons: first, because we feel that it is sane; second, because we know it is safe. It is not always safe to talk about the past, for one never knows when what he says may be proven false by some marginal reference or footnote. It is not always safe to talk about the present. If any one thinks it is, get a Frenchman and German talking about the war. But it is always safe to talk about the future, if only you put the time of the fulfillment of your prophecy far enough into the future.

In looking over the past of allopathic therapeutics, we note one fact which in our opinion has been the great obstacle to progress. That fact is that the pioneers, the research men, the students of therapeutics of the past, have not been guided by any fixed law or by any uniform plan or any principle. From the days of Hippocrates till twenty-five years ago, the therapeutics of the old school have been modified, have advanced or retrograded, according as the individual conception of the etiology and pathology of diseases has been at variance or in accord with truth, i. e., the fixed law of therapeutics.

Let us illustrate by a case. Willis in the seventeenth century said of one of his cases: "I drew blood twice or three times day after day, and administered clysters frequently; moreover, I gave spirits of ammonia, apozems and juleps." It is not difficult to see how gross and large was the material which Willis wished

*Bureau of Materia Medica and Therapeutics, A. I. H., 1915.

to remove from his patient for the purpose of curing him. Certainly "*tolle causam*" was some *causam* in Willis' day!

What was true of Willis was also true of Boerhaave, Sydenham, Whytt, Cullen, the two Hunters, and others before and since the days of the Hunters. If we follow closely the course traversed by these men, we observe that the study of two branches of the science of medicine, anatomy and pathology, has thrown the most light upon the therapeutics of the old school. Harvey's study of the circulation, and the post-mortem work of many of their leaders, directed them toward the law of therapeutics, not only of drug, but of all therapeutics. And yet so little progress had been made that Osler writes (*The Evolution of Internal Medicine*, p. XXV): "At the end of the eighteenth century men were floundering in a sea of speculation, and there was no definiteness in diagnosis nor any safe basis for treatment."

About this time Samuel Hahnemann entered the field of medicine. Let us at this point turn to the therapeutics of Hahnemann. From the very beginning he followed *the law* of therapeutics. The truth had been revealed to him. With his eye upon the goal, Hahnemann deviated from the straight path only as much as human infallibility necessitated. For two-thirds of a century most of the followers of Hahnemann followed closely in his footsteps; a few did not. For the last third of a century a few of the followers of Hahnemann have followed closely in his footsteps; the most of them have not. Notwithstanding these facts, progress along therapeutic lines has been greater during the past third of a century than during any whole century previous to that time. Every homœopathist, every student of therapeutics, should try to ascertain the reason why progress has been greater the past thirty years than in any previous one hundred years, in spite of the statement made above.

One of the reasons, in my opinion, is because the old school has absorbed much of Hahnemann's therapeutics. I stated above that much of the progress of the old school had been due to the study of anatomy and pathology. That was true up to a century ago. For the past thirty years most of the progress of the old school along therapeutic lines has been due to the absorption of our materia medica into their system of drug therapeutics. While many of our school have refused to accept pathology as a part—a very important part—of the totality of symptoms in each individ-

ual case, more of the other school have adopted the single remedy, the minimum dose and individualization of cases, and have effectively combined them with their etiology and pathology. As a result, progress has been more rapid than ever. The laboratory studies of many of our school, Watters, Burrett, Mellon, Nowell, Hooker and others, with sera, toxins, nosodes, the opsonic index, and blood changes produced by drugs, have had much to do with acceleration of this progress.

Although the laboratory workers of the old school have made many fold as many experiments, and their fellows have followed up their experiments by using the laboratory products for producing immunity and curing, yet they have accomplished much less in proportion to the amount of labor expended than have Burrett, Watters and the others, because they have refused to intelligently and faithfully follow the law of therapeutics in the application of their laboratory products. I say "intelligently and faithfully follow the law," because they have followed it to a certain extent. The preparation of a drug and using it for immunizing purposes, and noting the effects upon the healthy in this particular line, is, in a sense, a proving of that drug. All there is needed is, that, as the different sera, vaccines and toxins are perfected and used upon the healthy, the experiments be carried on under the rules laid down by Hahnemann.

The allopaths who, either ignorantly or willfully, refuse to apply Hahnemann's rules for the proving of their laboratory products, hinder the progress of therapeutics. But they are not the only ones who throw obstacles in the path of progress. The homœopath who talks and acts as if a thorough knowledge of diagnosis and pathology were not only not necessary, but rather a hindrance to the application of the law of therapeutics, is also an obstructionist. He is a greater obstructionist than his brother allopath, because he professes to be governed by the law of therapeutics, while the allopath repudiates the law.

You will note that I am still maintaining the claim which I have often made, that it is impossible to recognize and prescribe on the totality of symptoms without as good a knowledge of pathology as of physiology and anatomy. The belief and action of these two classes of obstructionists are responsible for the nihilism of the great mass of the old school and the scepticism of a few of the new school of medicine at the present time.

So much for the past and present. Now what about the future of therapeutics? All the signs of the times point to the union of the two systems. Or, if you object to calling the groping at sea and the nihilism of the old school a system, everything points to the adoption of the law—Hahnemann's law—of therapeutics by the old school.

How is this to be brought about? The laboratory men and the progressive clinicians of the old school are recognizing more and more the law of *similia*, and they are more and more free in making known the fact that they do so recognize the law. Frequently we hear the teachers, especially the laboratory men, say: "This which I am teaching you is homœopathy." On the other hand, the number and influence of the men of the homœopathic school who are combining the science of medicine with the art of medicine in their practice is increasing. Many more men of the homœopathic school are learning that there are many adjuvants to the indicated remedy, and are taking advantage of all such adjuvants as diet, heat, cold, rest, in the treatment of their patients. When will the union of the two be complete?

That depends upon you and me. The more liberal we are, while not surrendering our principles, the sooner it will be. We must hold fast to what we know is good and join hands with our allopathic brethren in the quest for what is better, fully realizing that the truth, the whole truth and nothing but the truth is best.

To recapitulate:

1. Notwithstanding the fact that the therapeutists of the old school were guided by neither law nor fixed rules, they made progress because their leaders were earnest seekers after the truth.

2. The study of anatomy and pathology caused progress.

3. The most rapid progress should be credited to Hahnemann's law of therapeutics.

4. Ignorance and bigotry have been the two greatest obstacles to progress.

5. The future of therapeutics is to be the therapeutics of Hahnemann.

6. We homœopathists are to be held responsible for the time which shall elapse before Hahnemann's system shall be the *only* system of drug therapeutics.

Discussion

Dr. James Krauss, Boston, Mass.: Hahnemann made it clear that the subjective and the objective symptoms together make the totality of a disease. That means the entire pathology of a case consists of nothing else than subjective and objective symptoms. When people talk of pathology as being something extraneous to symptoms that can be seen or felt, their conception of pathology is not clear. We ought to know this fact by this time.

Homœopathy is not a system of therapeutics, for it is not medically all-sufficient. Hahnemann knew this. He directed us to remove the cause, to employ psychic treatment, to apply mechanical treatment for local diseases, in great discomfort and emergencies to give palliative treatment, and for constitutional diseases to apply homœopathic treatment. Homœopathy is not all-comprehensive of medicine. By attempting to make it too big, we make it really too small. Homœopathy is not a law of therapeutics. Hahnemann never claimed that it was a law of therapeutics. If you study the *Organon*, you will find this out. Hahnemann devised a method. He made propositions, and our mis-translators made these propositions into laws.

PRESCRIBING IN HOMŒOPATHIC HOSPITALS*

By O. S. Ritch, M. D., Brooklyn, N. Y.

If you can keep your head when all about you
Are losing theirs and blaming it on you;
If you can trust yourself when all men doubt you,
But make allowance for their doubting, too;
If you can wait and not be tired by waiting,
Or being lied about, don't deal in lies,
Or being hated don't give way to hating,
And yet don't look too good, nor talk too wise:
If you can dream—and not make dreams your master;
If you can think—and not make thoughts your aim;
If you can meet with Triumph and Disaster
And treat those two imposters just the same;
If you can bear to hear the truth you've spoken
Twisted by knaves to make a trap for fools,
Or watch the things you gave your life to, broken
And stoop and build 'em up with worn-out tools;
If you can make one heap of all your earnings
And risk it on one turn of pitch-and-toss,
And lose, and start again at your beginnings
And never breathe a word about your loss;

*Abstract of paper read before the Bureau of Homœopathy, A. I. H., 1915.
Published in full in *N. A. J. Hom.*, July, 1915.

If you can force your heart and nerve and sinew
To serve your turn long after they are gone,
And so hold on when there is nothing in you
Except the will which says to them "Hold on!"
If you can talk with crowds and keep your virtue,
Or walk with Kings—nor lose the common touch,
If neither foes nor loving friends can hurt you,
If all men count with you, but none too much;
If you can fill the unforgiving minute
With sixty seconds' worth of distance run,
Yours is the Earth and everything that's in it,
And—what is more—you'll be a man, my son!

—Kipling.

If the precepts enumerated were transcribed to the muse of medical lore as a homœopathic "oath," our colleges and hospitals would experience such a revival of the full meaning of *similia similibus curentur* that the apathy of some homœopathic physicians of the twentieth century would be awakened and the cry out of the wilderness would be equaled only by the experience of loyalty manifested by our confrères of the early seventies and eighties. There is a difference between being born to a truth, and a conversion to the same truth. The truth is the same in both instances, but the environments are different.

Briefly and broadly speaking, our system of therapeutics was born out of the dominant school as a result of experience and conviction.

It is not my intention to consider the college situation. I desire to call to your attention the hospital position. It is no purpose of mine to criticise any hospital except as I may know something about one such institution, and if what I say is applicable to other hospitals, it is well.

The method of prescribing in homœopathic hospitals must of necessity be taught primarily in our colleges. Our hospitals should stand preeminently for homœopathic therapeutics. Perhaps it may not be necessary to employ a great many drugs: say, for example, the polychrests, tissue and some special remedies which have been thoroughly dilated upon by comparisons and exclusion. Where the homœopathic remedy is not applicable, then the so-called prescription of the dominant school, palliatives, hypomedication or any accessory or adjuvant means to meet the crisis may follow, but have homœopathy first in homœopathic hospitals.

My service has always been in the surgical wards and I am

pleased to report our surgeons have been consistent prescribers, especially postoperative, for an average service of over 900 operations per year, exclusive of fractures, luxations and minor surgery, and the results warrant the prescribing of homœopathic remedies wherever indicated.

Who would not think of *hepar sulphur* to promote suppuration and *silica* to accelerate the healing process? Who would not think of *belladonna* during the first eight stages of microscopical inflammation? Who would not think of *hypericum* in nerve laceration, traumatic or following operation? Who would not think of *calcareo phosphorica* or *ferrum phosphorica* in periostitis and other osseous affections? Who would not think of *calcareo fluorica* in certain gangrenous conditions? *Symphytum* in repair of fractured bones? *Hamamelis* in hemorrhage?

Statistics from the records of Cumberland Street Hospital—May, 1913,—May, 1914. Two divisions only—homœopathic and non-homœopathic. Non-homœopathic prescriptions include everything prescribed subcutaneously, or per mouth, such as morphin, strychnin, mixed vaccines, tenanic, caffen, salicylates, salvarsan, brandy, or anything prescribed which is not straight homœopathic.

May.	Hospital	3,013	straight,	67	non
	Dispensary	1,080	"	285	"
June.	Hospital	2,520	"	98	"
	Dispensary	1,115	"	245	"
July.	Hospital	2,020	"	140	"
	Dispensary	1,130	"	75	"
August.	Hospital	2,250	"	150	"
	Dispensary	1,058	"	260	"
September.	Hospital	1,855	"	170	"
	Dispensary	925	"	190	"
October.	Hospital	1,680	"	115	"
	Dispensary	380	"	260	"
November.	Hospital	2,019	"	137	"
	Dispensary	1,260	"	370	"
December.	Hospital	1,650	"	190	"
	Dispensary	1,125	"	350	"
January.	Hospital	1,785	"	270	"
	Dispensary	1,220	"	220	"
February.	Hospital	1,850	"	270	"
	Dispensary	1,100	"	340	"
March.	Hospital	1,820	"	146	"
	Dispensary	965	"	260	"
April.	Hospital	1,890	"	153	"
	Dispensary	1,485	"	135	"

In the hospital wards for the year there were 26,264 prescriptions recorded of which 24,358 were straight homœopathic and 1,906 non, or $86\frac{1}{2}$ per cent homœopathic and $13\frac{3}{4}$ per cent non. In the dispensary there were 16,143 prescriptions written of which 13,353 were straight and 2,970 non-homœopathic, or 79.1-6 per cent homœopathic and 20.5-6 per cent non; or a grand total for the entire institution of 42,407 prescriptions of which 37,711 were straight and 4,696 non, or $90\frac{3}{4}$ per cent homœopathic and $9\frac{1}{4}$ per cent non.

I have not entered into percentage of mortality or recoveries owing to the fact that the Cumberland Street Hospital maintains a large active and acute service and our total death rate would not convey any intelligent idea as to percentage by reason of the many critically injured who die and the moribund cases brought into the hospital. Nevertheless, taking into consideration all classes and conditions, our death rate for the first quarter was 4.849, second quarter 5.088, third quarter 7.139 and fourth quarter 6.602, or an average for the year of 5.919 per cent.

My object in presenting this subject is to bring to mind that which is already well known,—if we desire to maintain a homœopathic hospital it can be accomplished just as easily today as formerly, and of the larger percentage of curable cases applying for treatment which result in failures, the fault is with us and not the *materia medica*.

In conclusion—I care not what any homœopathic physician may prescribe in his private practice, but I do maintain, as a member of the medical board of a homœopathic hospital, that it is a physician's obligation to prescribe homœopathically, first, last and all times, whenever the homœopathic remedy is applicable.

War Babies of the Past.—The little flurry of anxiety and distress anent the war babies of Europe has died out, not because conditions have changed, not because the problem has been satisfactorily met, but apparently simply because the world in general no longer is interested in discussing the subject. In Japan a different sort of war baby situation must be met, the dearth of young men to enter the army because of the low birth rate twenty years ago when Japan was at war with China.—*Evanston News-Index*.

VERIFICATION OF MERCURY*

By Daniel E. S. Coleman, Ph. B., M. D., New York

I have had five cases of *bichlorid of mercury* poisoning upon my ward at the Flower Hospital, two during my last service and three this month. All recovered promptly. *Hepar sulph.* was prescribed for the two cases on my former service.

Following is a short description of the three cases this month:

Case 1. June 7th. Woman, æt. 28. Took 15 grs. dissolved in water, at 2 p. m. Did not vomit for an hour. It was therefore absorbed. Admitted to hospital at 5:45. Dr. Edwin Goodman, the house physician, prescribed *hepar sulph.* 2x and ordered elimination treatment. The symptoms at that time were as follows: Severe abdominal pain, extreme nausea, vomiting of blood-streaked mucus, frequent small blood-streaked stools, very weak. The retching and vomiting became very severe towards night. Urinary examination on day of admission: Reaction acid. Albumin, very faint trace. Color, light yellow, cloudy. Urea, 2.9 per cent. Sugar, negative. Epithelia, few from kidney and ureter. Pus corpuscles, present. Mucus, small amount. Salts, large amount of urate of soda.

June 8th. In the afternoon Dr. Goodman prescribed *phos.* 15x q.l.h., later not so often, on the following symptoms: Extreme burning in the stomach, with retching and frequent vomiting of bloody mucus, tenesmus and diarrhea of bloody mucus. Urine, high colored and scanty. Reaction, neutral. Albumin, marked trace. Color, reddish brown. Casts, granular. Epithelia, kidney and pelvis. Pus corpuscles, present. Mucus, present. Salts, much oxalate of lime. All symptoms aggravated towards evening.

June 15th. Patient sat up in bed, no gastro-intestinal symptoms, but slight soreness in abdomen. Condition very good, patient very bright. Urinary examination: Reaction, alkaline. Albumin, very faint trace. Color, light yellow. Casts, absent. Epithelia, very few from kidney and pelvis. Pus corpuscles, few.

June 18th. Condition excellent.

Case 2. Female, æt. 19. Took two 7½ gr. tablets. Vomited in fifteen minutes. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman. No symptoms developed. Discharged in five days.

Case 3. Female, æt. 38. Took two 7½ gr. tablets. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman on admission. Next day I prescribed *nitric acid* q.l.h. about the 3x, run up in water, on the characteristic tongue symptom: Deep irregular-shaped ulcers on edge of tongue with burning pain. Her symptoms disappeared rapidly and she was discharged cured in six days.

It is much harder to teach students to become prescribers than to prescribe ourselves. The efficiency of a service in a homœopathic hospital is greatly enhanced by an intern interested in the great art of homœopathic prescribing. Many years of experience as a visitor has convinced me of the necessity of developing such.

*Abstract from paper published in *Hom. Recorder*, Aug., 1915.

THE JOURNAL

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SARAH M. HOBSON, Ph. B., M. D. EDITOR

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EDITORIAL

The Southern Homœopathic Association. The November meeting of this group of practitioners was unusual in two respects. Cincinnati, the place of meeting, was the farthest point north in many years. For this reason, it offered an unusual opportunity for northern visitors. The College Alliance of the American Institute of Homœopathy called a special session for the further discussion of improved methods of teaching materia medica, to be held at Hotel Gibson, during the session of the Southern Association. This meeting offered another inducement to deans and other faculty members to be present at the Cincinnati meeting. President Smethers was fortunate in presenting an attractive program and the reputed hospitality of the South was verified in the cordial welcome extended to all visitors. Dr. Phillips introduced into his bureau the feature of clinical instruction, the subject being the choice of the homœopathic remedy elaborated by Dr. Boger, of Parkersburg, West Virginia. This feature, which has become a matter of routine in some society

programs and has been introduced sporadically in others, should be a part of every medical program. It means more work for the maker of programs. It means disappointment sometimes from the inability to follow up the cases. But clinical instruction is the vital necessity for effective medical practice. And the sooner it becomes a recognized part of every medical program, the keener the interest and the more ready will the general practitioner be to drop his day's work for a day's attendance at the neighboring medical meeting. President Smethers' recommendation that physicians select eligible students for medical study, and that the Southern Association establish loan scholarships was endorsed. This is a movement worthy to be undertaken in every state society as well. The conference on propaganda urged upon the college and hospital the necessity of teaching homœopathic therapeutics in every department, and particularly to see to it that homœopathic therapeutics received recognition as preoperative and postoperative adjuvant to surgical work. Secretary Jennings has been invited to furnish a detailed report for the January issue. *S. M. H.*

Society Federation. For several years sundry suggestions have been made looking toward a general federation of district, state, regional and national societies. The individualistic principle exemplified in states' rights versus federal authority lies at the root of the difficulty. In politics, the New England town meeting is recognized as the ideal democratic unit of community control. But astute politicians say that the town meeting principle is practicable only when a community is tolerably uniform in its ideals and guiding principles of action; that in many sections and notably in the large city, a more autocratic control is indispensable. If this is true in national and civic politics, the medical problem resolves itself into the question, "Are the homœopathic practitioners of the country sufficiently homogeneous to federate?" Can they subordinate their individual differences of opinion sufficiently to unite on the fundamentals of homœopathic

practice: choice of remedy on the principle of similar action of the drug on the healthy body; minimum effective dose; single remedy whenever practicable? It is quite possible for the school of homœopathic medicine to add to all that the old school can give a knowledge of homœopathic therapeutics. And therein lies our superiority in therapeutics. *S. M. H.*

J. B. Gregg Custis and Edward P. Colby. On November 4th, a telegram came to the JOURNAL office from Dr. William Rufus King that Dr. J. B. Gregg Custis had died suddenly that day at his St. Lawrence River camp. A biographical sketch will be furnished for a later issue. Dr. Custis has been a familiar personage at the Institute meetings for many years. His name is linked indelibly with the organization for drug proving and with the Hahnemann monument at Washington. Dr. Custis had planned to be at the meeting of the Southern with his long-time personal friend, Dr. King.

Dr. Edward P. Colby was not so familiar a member of the Institute, but every member of the Boston University School of Medicine had a warm regard for the man who had taught for many years in the department of mental diseases. Both men had distinguished themselves in medical practice. Their death brings an acute sense of loneliness to a large circle of personal friends.

The Revised Membership Lists. In this issue of the JOURNAL is published the annual list of members of the Institute. It is impossible probably in a list of three thousand to avoid some error. Some of the changes in address are made from post office reports, when it has been impossible to get a response from the member. Doctors are notoriously poor correspondents. Corrections are solicited at any time. The department of CHANGES OF ADDRESS follows that of GENERAL NEWS. The changes which are published from month to month affixed to the December list will give the members a reliable list of their fellows in the various towns and should be a ready reference in referring patients when traveling or moving to other parts of the country.

ANNOUNCEMENTS

Meeting of the Board of Trustees

The December meeting of the Board of Trustees is called for Saturday, December 18, 1915, at 10 a. m., at Hotel Sherman, Chicago.

By order of the President.

Committee Appointments. A. I. H.

President Henry C. Aldrich made the following appointments before leaving Excelsior Springs for a California holiday:

Council on Medical Education—George Royal, Des Moines, Ia., Chairman. '12-'17; Willis A. Dewey, Ann Arbor, Mich., Secretary. '11-'16; John B. Garrison, New York, '13-'18; John P. Sutherland, Boston, '14-'19; James W. Ward, San Francisco, '15-'20.

Organization, Registration and Statistics—Thomas Franklin Smith, 264 Lenox Ave., New York; A. E. Booth, Minneapolis, Minn.; Geo. S. Coon, Louisville, Ky.; C. A. Wherry, Salt Lake City, Utah; W. O. Forbes, Hot Springs, Ark.

Hahnemann Monument—Cora Smith King, 51, The Olympia, Washington, D. C.; Thos. Franklin Smith, New York; O. S. Runnels, Indianapolis, Ind.; Wm. R. King, Washington, D. C.; Harry A. Koons, Danville, Va.

Pharmacopœia—Thomas H. Carmichael, Philadelphia; J. W. Clapp, Boston; F. A. Boericke, Philadelphia; H. F. Staples, Cleveland; Erving M. Howard, Camden, N. J.; Conrad Weselhoft, 2d, Boston.

Resolutions—A. B. Norton, Chairman, New York, (One Year); J. A. Campbell, St. Louis, Mo., (Two Years); DeWitt G. Wilcox, Boston, (Three Years); Arthur L. Canfield, Portland, Ore., (Four Years); J. P. Cobb, Chicago, (Five Years).

Press—Scott Parsons, St. Louis, (One Year); G. Forrest Martin, Lowell, Mass., (Two Years); R. H. Street, Chicago, (Three Years).

Transportation—Carlton A. Harkness, Heyworth Bldg., Chicago; Thos. R. Gammage, 4800 E. 24th St., Kansas City, Mo.; T. Edward Costain, Heyworth Bldg., Chicago.

New Members—R. Milton Richards, 1329 D. Whitney Bldg., Detroit, Mich.; Albert A. Ogle, Indianapolis, Ind.; Belle Gurney, Chicago; John H. Cogswell, Cedar Rapids, Ia.; Bertha E. Ebbs, Dedham, Mass.; J. G. Keiser, Columbus, O.; Edwin W. Kellogg, New York; J. E. James, Philadelphia; Wm. Davis

Foster, Kansas City, Mo.; T. E. Costain, Chicago; Cornelia C. Brant, Brooklyn, N. Y.

Medical Examining Boards and Medical Legislation—T. A. McCann, 115 N. Perry St., Dayton, Ohio; Geo. L. Le Fevre, Muskegon, Mich.; A. M. Linn, Des Moines, Ia.; W. A. Humphrey, Columbus, O.; Hugh M. Beebe, Ann Arbor, Mich.

National Legislation—Jos. H. Branson, Washington, D. C.; David A. Strickler, Denver, Colo.; E. Weldon Young, Seattle, Wash.; J. Birnie Griffin, St. Augustine, Fla.

Conference with Eclectic Medical Association—Thos. H. Carmichael, Philadelphia; Gilbert FitzPatrick, Chicago; P. S. Replogle, Champaign, Ill.; Wm. A. Stewart, Pittsburgh; Henry E. Beebe, Sidney, Ohio.

Necrologist, Reuben A. Adams, Rochester, N. Y.

Memorial Address, Edwin H. Pratt, Chicago.

The remaining committees are continued. The full list is published on page 8 of the JOURNAL ADVERTISER.

Bureau of Sanitary Science, Public Health and Social Hygiene

Dr. Florence A. Richardson, 401 Donaldson Bldg., Minneapolis, Minn., Chairman of this bureau, for the session of 1916, extends an invitation to any member of the Institute interested in this department to present a brief synopsis of such a paper as the member is willing to present or enter as discussion. Prompt response is solicited that the bureau may be prepared early in the year.

Baltimore in Summer

Reported by Dr. Eldridge Price, Chairman of Local Committee

Relative to the heat of Baltimore I have made some inquiries of our Health Bureau Chief, and submit the following brief table, compiled from the records of twenty years, which shows that the average human being may possibly live through a Baltimore June:

Temperature for the month of June

	Maximum	Minimum	Mean
Boston	75	57	66
Chicago	74	59	66
Detroit	76	58	67
N. Y. City.....	77	61	69
Philadelphia	81	63	72
<i>Baltimore</i>	<i>82</i>	<i>64</i>	<i>73</i>
Washington, D. C.....	83	63	73
Norfolk, Va.	83	66	74
St. Louis	84	66	76

It is not the heat of a place alone that causes discomfort, but even more the character and conduct of the body of air in which the place is enveloped. The almost constant breeze with which Baltimore is favored during the month of June is quite characteristic. On the whole I do not think our temperature should be a bar to the advent of the Institute.

Public Health Service at the Evans Memorial

Reported by Dr. Frank C. Richardson

The program of the fourth series of "Free Public Health Talks" to be given at the Evans Department of Clinical Research and Preventive Medicine during the coming season has just been issued.

Fully ten thousand people have attended these "Talks" during the past four years, and the benefit to the community of such knowledge as has in this way been disseminated is incalculable. The course this year promises to be exceptionally interesting and instructive, not only to the laity, but to the medical profession as well, for among the speakers will be many well known as authorities upon the subjects of which they will treat. The fact that this service given from the busy lives of these men and women is purely gratuitous is a striking illustration of the altruism of those having to do with matters of health.

Following is the announcement of "Health Talks" for the season of 1915-1916, Tuesdays, at eight o'clock:

1915

Nov. 2.—State and Municipal Health Precautions.

Selskar M. Gunn.

Director, Division of Hygiene, State Dept. of Health.

Nov. 9.—Some Laws of Reproduction.

A. W. Weyssse, Ph. D., M. D.

Prof. Physiology, Boston University.

Nov. 16.—How to Secure Better Medical Service for Less Money.

Richard C. Cabot, M. D.

Prof. Medicine, Harvard University.

Nov. 23.—The Immigrant and Public Health. (Illustrated.)

George W. Tupper, Ph. D.

Immigration Secretary, Y. M. C. A.

Nov. 30.—Mouth Hygiene: Its Relation to General Health. (Illustrated.)

Leroy M. S. Miner, M. D.

Dec. 7.—The Care of the Feet. (Illustrated.)

Gilbert M. Mason, M. D., Carney Hospital.

Dec. 14.—The Care of the Hair. (Illustrated.)

Wesley T. Lee, M. D.

Lecturer on Diseases of the Skin, Boston University.

Dec. 28.—The Choice of a Vocation.

DeWitt G. Wilcox, M. D.
Prof. Gynæcology, Boston University.

1916

Jan. 4.—Rational Child-bearing.

George H. Earl, M. D.
Prof. Obstetrics, Boston University.

Jan. 11.—The Conservation of the Worker. (Illustrated.)

Francis D. Donoghue, M. D.

Jan. 18.—The Air We Breathe. (Illustrated.)

Helmuth Ulrich, M. D.
Pathological Laboratory, Evans Memorial.

Jan. 25.—As a Man Thinks.

Frank C. Richardson, M. D.
Prof. Nervous Diseases, Boston University.

Feb. 1.—Facts About Sea Food. (Illustrated.)

David L. Belding, M. D.
Bacteriological Laboratory, Evans Memorial.

Feb. 8.—Sub-Standard Children.

Walter E. Fernald, M. D.
Supt. Mass. School for the Feeble Minded.

Feb. 15.—The Taking and Giving of "Colds."

George B. Rice, M. D.
Prof. Diseases of Nose and Throat, Boston University.

Feb. 29.—Occupational Diseases.

David L. Edsall, M. D.
Prof. Clinical Medicine, Harvard University.

Mar. 7.—The Man of Fifty.

Elmer E. Southard, M. D.
Clinical Director, Boston Psychopathic Hospital.

Mar. 14.—Occupation for Invalids. (Illustrated.)

Miss Susan E. Tracy.
Director, Experiment Station for the Study of Invalid Occupations.

Mar. 21.—Change of Life.

Eliza B. Cahill, M. D.

Mar. 28.—The Brain.

Solomon C. Fuller, M. D.
Pathologist Westboro State Hospital for the Insane.

Apr. 4.—How the State Provides for its Mentally Sick. (Illustrated.)

L. Vernon Briggs, M. D.
State Board of Insanity.

Apr. 11.—How to Choose a Doctor.

W. P. Bowers, M. D.
Sec. State Board of Registration in Medicine.

Apr. 18.—Microbic Invaders and Our Defenders. (Illustrated.)

W. H. Watters, Ph. D., M. D.
Prof. Pathology, Boston University.

Apr. 25.—Sleep and Dreams.

Edward Willis Taylor, M. D.
Prof. Neurology, Harvard University.

May 2.—Summer Care of Babies. (Illustrated.)

Karlton G. Percy, M. D., Children's Hospital.

May 9.—Demonstration in Public Health Nursing, under direction of
Miss M. H. P. Bridges.

Practical Instructor of District Nursing Association.

Directory Folder

The Institute Fraternity is compiling a Directory Folder, giving addresses and specialties, for use amongst its members.

It invites all the women physicians, who are members of the Institute, to join the Fraternity and so obtain this Folder for ready reference.

The annual dues are one dollar and should be sent, with name, specialty and full address, to

Dr. Marie Hunt
Hyde Park Hotel, Chicago

If the city is subdivided give the district, whether north, south, east, west or suburban.

OREGON HOMŒOPATHIC MEDICAL SOCIETY

Reported by the Secretary, Dr. Byron E. Miller

After an informal dinner at the Imperial Hotel, Portland, President David Breuer called the thirty-ninth annual meeting to order at seven forty-five.

John S. Bishop, Chairman of the Board of Censors, reported that the Board of Censors had passed favorably upon the application of Samuel P. Hedges, a graduate of Hahnemann Homœopathic Medical College of Chicago, Ill., 1867, a member of the A. I. H. and of the Illinois Homœopathic Medical Society; and L. S. Besson, graduate of Hahnemann of Philadelphia, 1915, a member of the A. I. H. They were duly elected members of the society.

The Secretary's report included the following valuable historical record:

This society was organized July, 1876, when William Geiger of Forest Grove, Ore., was elected temporary chairman and G. W. Wilcox of Albany, Ore., temporary secretary.

On the 25th day of August, 1876, articles of incorporation of the Homœopathic Medical College of the State of Oregon and the Homœopathic Society of the State of Oregon were filed with

the Secretary of State. Dr. L. J. Sloan, dean; Dr. H. McKennell, president; Dr. John Gantenbein, 1st vice-president; Dr. A. Pohl, 2d vice-president.

Dr. Miller recommended that a committee be appointed to correct the list of membership. Upon motion the report was adopted and referred to a committee of three to revise the list and to report to the society. The Chair appointed the following committee: Byron E. Miller, Daniel O. Webster, Frank F. Casseday.

Upon recommendation of Dr. John H. Besson the Secretary was instructed to correspond with all members in arrears and especially those who have removed from the State, to learn if they desire to continue their membership, either as regular or honorary members.

The following officers were elected for 1915-16:

John H. Besson, president; Arthur L. Canfield, 1st vice-president; P. E. Hale, 2d vice-president; David Breuer, secretary; I. N. Palmer, treasurer.

Board of Censors: P. L. McKenzie, Chairman; John S. Bishop, I. N. Palmer, Arthur L. Canfield, H. S. Nichols.

President Breuer's address, "Is it worth while?" brought out some very pertinent remarks and advocated a closer study of materia medica. Dr. Ethel Fellows presented clinical cases of *argentum nitricum* giving evidence of most gratifying results. Drs. F. F. Fellows, McKenzie, Miller and Nichols discussed the paper. Dr. Canfield made a complete and interesting report of the 1915 session of the Institute. Dr. H. S. Nichols' paper on "Colles' Fracture" called forth a discussion from Drs. Besson, Worcester, Bishop, McKenzie, Hale, Miller, Fellows and Breuer. Dr. Casseday's paper on "Why Pain and Inflammation?" brought out a spirited discussion from Drs. Miller, Palmer and Bishop. Dr. Miller presented a report of two ectopic pregnancy operations within the last year, in both of which cases diagnosis and operation were made before rupture. The paper was discussed by Drs. Hale, Canfield, Besson, A. S. Nichols and Hedges.

Dr. Adelaine Ferris presented an interesting therapeutic paper, discussed by Drs. Worcester, Webster and McKenzie. Dr. A. S. Nichols presented a concise paper on the art of selecting and application of drugs. Dr. Webster opened the discussion by paying his compliments to the combination tablets. Dr. Ethel Fellows elaborated upon the personality of drugs which is as distinctive as the personality of people. The discussion was continued by Drs. Ferris, Besson, Casseday and Breuer. Dr. McKenzie, in his paper on "The Tonsil," advocated thorough cleaning out of the crypts with rare operative measures. Dr. Palmer presented the possibilities of medication, while Drs. Casseday, Hale and Besson set forth the conditions under which operation was advisable. Dr. Besson presented a well-written paper on "Renal Efficiency."

The Chair appointed the following committee on revision of the by-laws: Drs. Palmer, Webster, Canfield.

The following delegates to the American Institute of Homœopathy were elected:

Dr. Byron E. Miller, Dr. John H. Besson, with Dr. A. L. Canfield and Dr. John S. Bishop alternates.

President-elect John Besson was conducted to the chair and announced the following committees:

Executive: David Breuer, Byron E. Miller, John Besson.

Legislative: Daniel O. Webster, H. S. Nichols, I. N. Palmer.

Dr. F. F. Fellows extended to the society the thanks of Dr. Ethel Fellows and himself for courtesies extended to them. Dr. Miller extended an invitation to the members to make an effort to attend the Institute session of 1916.

CLINICAL CONGRESS OF SURGEONS

Reported by Dr. Gilbert FitzPatrick

Dr. Charles Mayo, President of the Clinical Congress, when opening the meeting Tuesday evening and by way of introducing the speakers—subject being "Infections"—said, "Hahnemann was the greatest scientist of his age, living eighty years ahead of his time. He was investigating and researching in medicines and their effect upon human tissue. We are investigating bacteria and their effect upon animal tissue. We are proving the correctness of the law, *similia similibus curentur*, as enunciated by Hahnemann." The Chairman of the O. O. L. meeting on Thursday night, J. L. Goodale, said in discussing treatment of hay fever, "The treatment, gentlemen, is obviously homœopathic."

The Boston University School of Medicine and its associated hospitals are the best homœopathic unit in America. No institution in America is doing better work than they.

The week was a very profitable one, clinics rich in material, well presented, and no overcrowding for advantage point in amphitheater. The attendance was limited, admission being by ticket for each clinic.

The following names among the new fellows of the College of Surgeons are familiar as being from homœopathic ranks:

Zuber Short, Hot Springs, Ark.; Florence N. Ward, San Francisco, Cal.; Thomas I. Motter, Chicago, Ill.; Richard H. Street, Chicago, Ill.; Charles B. Kern, LaFayette, Ind.; Orrin L. Smith, Lexington, Ky.; Herbert D. Boyd, Boston, Mass.; J. H. Carmichael, Springfield, Mass.; Matthias W. Conrow, Springfield, Mass.; Frederick W. Halsey, Boston, Mass.; Albert W. Horr, Boston, Mass.; Robert F. Hovey, Springfield, Mass.; Harry J. Lee, Boston, Mass.;

Erdix T. Smith, Springfield, Mass.; Wm. J. S. Thomas, Cambridge, Mass.; John K. Warren, Worcester, Mass.; Hugh McD. Beebe, Ann Arbor, Mich.; Frank A. Kelly, Detroit, Mich.; Claudis B. Kinyon, Ann Arbor, Mich.; George L. LeFevre, Muskegon, Mich.; Dean W. Myers, Ann Arbor, Mich.; Walter E. Reily, Fulton, Mo.; Herbert C. Allen, Brooklyn, N. Y.; J. Ivimey Dowling, Albany, N. Y.; Gove S. Harrington, New York, N. Y.; Edwin W. Kellogg, New York, N. Y.; Claude A. Burrett, Columbus, O.; Judson A. Ferree, Columbus, O.; Norman S. Betts, Philadelphia, Pa.; Herbert P. Leopold, Philadelphia, Pa.; J. Homer McCready, Pittsburgh, Pa.; Warren C. Mercer, Philadelphia, Pa.; John L. Peck, Scranton, Pa.; Gustave A. Van Lennep, Philadelphia, Pa.; Robert V. White, Scranton, Pa.

THE SOUTHERN CALIFORNIA SOCIETY

Reported by Dr. A. C. Cowperthwaite

The Southern California Homœopathic Medical Society met in its twenty-fifth annual session in the Alexandria Hotel, Los Angeles, October 13, with the President, Dr. Joseph H. Kirkpatrick, in the chair. The session lasted for two days and the papers and discussions were interesting and of a high order. Several new members were elected. The following officers were elected for the ensuing year: President, H. A. Atwood, Riverside; 1st vice-president, C. B. Dickson, Los Angeles; 2d vice-president, Alice H. Anderson, Los Angeles; secretary and treasurer, Robert A. Campbell, Los Angeles.

The following chairmen of bureaux were appointed by the incoming president: Anatomy, Pathology and Sanitation, W. H. Stiles, San Bernardino; Clinical Medicine and Electricity, LeRoy H. Bailey, Los Angeles; Materia Medica, A. C. Cowperthwaite, Los Angeles; Obstetrics, W. L. Winnard, Los Angeles; Gynecology, Joseph H. Kirkpatrick, Los Angeles; Surgery, F. S. Barnard, Los Angeles; Pediatrics, Florella Estes, Los Angeles; Ophthalmology, Otology and Laryngology, F. J. Newberry, Los Angeles; Mental and Nervous Diseases, George H. Martin, Pasadena.

Under the Bureau of Necrology, Dr. S. S. Salisbury reported the death of Dr. E. V. Van Norman, and made appropriate remarks, followed by other members.

Doctors James W. Ward, E. R. Bryant, and C. B. Pinkham, of San Francisco, were present and participated in the discussions.

Wednesday afternoon, Dr. James W. Ward was given the floor and gave an address worthy of commemoration. He first gave an interesting account of the history of medical education on the Pacific Coast for the past thirty-five years, enumerating the struggles and sacrifices of the early pioneers as well as those of a later

date in their efforts to permanently establish homœopathy, including the founding and maintenance of a homœopathic college. He then detailed the various steps leading to the absorption of the Hahnemann Medical College of the Pacific, by the State University of California. Dr. Ward called attention to the fact that for the first time in the history of homœopathy has it been recognized by the dominant school and admitted on equal terms in all respects and given a full place in the curriculum of the Medical Department. He said the Dean of the latter had expressed his satisfaction at the admission of homœopathy into their teaching force and that he believed it was a step forward in the advancement of scientific medicine.

Dr. Ward then with impassioned eloquence urged upon the homœopathic profession of the Pacific Coast their duty to sustain this new and untried departure that homœopathy might be permanently perpetuated in the State University, and he prophesied that benign influences would strengthen homœopathy not only upon the Pacific Coast, but throughout the world: "The responsibility has been shifted from the Board of Directors of Hahnemann College of the Pacific to the individual members of the profession. Upon you the burden now rests. May each one do his duty and substantial reward will follow."

Dr. Ward's remarks were received with applause. He was followed by Dr. George H. Martin and Dr. Bryant.

Dr. Ward announced that the Board of Regents of the University had formally elected Dr. William Boericke, Professor of Homœopathic Materia Medica. This announcement was received with great applause, and the appointment of Dr. Boericke will undoubtedly receive the unqualified endorsement of the homœopathic profession of the Coast. He is eminently qualified. Not only has he a thorough knowledge of his subject and proved himself a capable teacher and exponent of homœopathic principles, but he also possesses personal qualifications that render him particularly well adapted to fill this important and difficult position.

The society closed with a theatre party in the evening, followed by a supper at the Alexandria Hotel.

THE SOCIETY OF HOMŒOPATHICIANS

Reported by the Secretary, Dr. Margaret C. Lewis

An adjourned meeting of the Society of Homœopaths was held at Hotel La Salle, Chicago, Ill., on October 20 to 22, 1915. President George E. Dienst presided over all sessions. The attendance was not large, but keen interest was manifested throughout. The evening of the 21st was given over to a banquet and the transaction of business of the society. All other sessions were devoted to the reading and discussing of able papers on Materia

Medica, Repertory, Homœopathic Philosophy and Clinical Medicines.

The Bureau of Repertory, arranged by Dr. F. E. Gladwin, of Philadelphia, presented a number of valuable papers; among them one on "Repertorial Study: Analytical or Synthetical," by Dr. Benj. C. Woodbury of Portsmouth, N. H., and another on "Grading Mental Symptoms," by Dr. Julia M. Green of Washington, D. C.

Dr. W. H. Schwartz, of Perkasio, Penn., chairman of Bureau of Philosophy, was unable to be present, but sent a number of instructive papers, one of which was "The Appeal of Homœopathy to the Public," by Mr. Arthur B. Green, of Portland, Maine.

Under the Bureau of Clinical Medicine, Dr. Hugo Abt, of Chicago, presented a patient for the study of the members present. Dr. A. H. Grimmer, of Chicago, was assigned the duty of "Taking the Case," after which the practical use of the Repertory was demonstrated, in the finding of the remedy.

The seventh annual meeting of the society will be held in Chicago in October, 1916.

THE WOMEN'S ASSOCIATION OF ALLEGHENY COUNTY

Reported by the Secretary, Dr. Anna D. Varner

The Women's Homœopathic Medical Association of Allegheny County held their November meeting at the office of Dr. Clara Williams, Wood St., Wilkinsburg, Pa.

After the meeting was called to order by the President, and the minutes of the previous meeting read and adopted, the Society elected the following officers: President, Dr. Mary E. Coffin; vice-president, Dr. Clara H. Williams; secretary and treasurer, Dr. Anna Johnston. Dr. Millie Chapman, who organized the Society many years ago, was continued as Honorary President.

Last year, under the direction of Dr. Julia Loos, a special study in the selection of the remedy and the use of the repertory was followed from month to month. This year the Association agreed to thoroughly investigate, and demonstrate the power of the homœopathic remedy in cases of enlarged tonsils and adenoids, each member to contribute several patients for the clinic, the totality of the symptoms to be the basis of prescriptions, exact records to be kept, and various potencies to be tested.

Dr. Anna D. Varner read the symptoms of four cases which she had recorded, and the members decided to hold the first clinic at her office at eleven o'clock, November 13, when these and other children will be examined by all the members of the Society, and the records completed for the selection of the first remedy.

With a large clinic of from 20 to 30 cases it is hoped to decide how much surgery is really necessary and how much can be avoided.

GENERAL NEWS

Alabama. Dr. A. M. Duffield of Huntsville is doing a good bit of public health work in preparing for the local papers articles on subjects of general health and therapeutic measures. The daily column in the newspaper takes the place of the older fashion of the family practice textbook. It is a good test of a practitioner's use of the English language to translate medical lore into familiar every-day speech.

Connecticut. At the recent semi-annual meeting of the Connecticut Homœopathic Medical Society, at Hotel Taft, New Haven, sixty members were present and every essayist was on hand. The officers for 1915-1916 are Geo. E. Evans, Willimantic, pres.; D. L. Bestor, Branford, vice-pres.; Henry P. Sage, New Haven, sec.; Richard Blackmore, Norwich, treas. Members of Interstate Committee, A. I. H., Edw. B. Hooker and Clarence N. Payne.

Delaware. The Homœopathic Hospital in Wilmington has added a new x-ray machine to its equipment for the treatment of cancer and diseases of the skin. The wards are full and the service is about equally divided between free and pay patients.

Illinois. Hotel Beadesley at Champaign was headquarters for the Central Illinois Association in November. President Barnhizer presided at the business sessions and Dr. William Honn was toastmaster at the evening banquet. Readings by Miss Dorothy McConnell and Miss Ruth Honn gave a pleasant diversion to the after-dinner program.

The Society of the Homœopaths have changed their annual meeting from the summer to October. At an adjourned meeting in Chicago in October, the same city and month was chosen for the meeting of 1916. The officers for 1915-16 are George E. Dienst, Aurora, Ill., pres.; George H. Thacher, Philadelphia, vice-pres.; Margaret C. Lewis, Philadelphia, sec.; Elmer Schwartz, Chicago, treas.

Dr. W. F. Spencer of Geneseo was elected president of the Rock River Institute at its recent annual session in Clinton, Iowa.

Home Coming Day at Hahnemann, in November, was occupied with a morning of surgery and an afternoon of medical clinics. A goodly number of out of town physicians were guests. An occasional public clinic day is a practical way of keeping the alumni in close touch with the steady improvement

in clinical instruction. The movement had its origin several years ago when a clinical day was added to the program of the state society. No medical meeting now is quite complete in its program which does not add some form of clinical instruction.

The Illinois Homœopathic Medical Association is following the example of Michigan and Ohio in making a state survey, the purpose of which is enumerated under the following heads:

First: To determine how much altruistic and philanthropic work is being done by the homœopathic profession;

Second: To determine how much support the laity are giving to distinctive homœopathic activities;

Third: To enumerate what governmental positions are filled by members of our school;

Fourth: To determine what warrant, if any, we have in maintaining distinctive homœopathic institutions and organizations, and what support they may expect from the public, the press and the student body of the state.

The work is inaugurated under the work of organization and is directly under the supervision of Drs. Cobb and Street, the dean and the registrar of Hahnemann College.

Dr. H. R. Schofield, clerk at the dispensary of Hahnemann College, reports the following record for October:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
83	295	57	147	36	169	40	137	1	25
Eye and Ear		Nose and Throat		Venereal		Dermatology			
New	Old	New	Old	New	Old	New	Old	New	Old
93	254	52	65	6	39			17	81
Total new patients.....									385
Old patients.....									1,212

Old and new.....1,597

Dr. A. A. Whipple of Quincy announces removal to the Illinois State Bank Building.

Dr. Arthur W. Ogden has finished his internship at the Garfield Park Hospital, Chicago, and enters practice with his father at 302 East Washington St., Joliet.

Dr. George Starr White conducted a course in Reflexotherapy in Chicago for a week in November, another in November in Kansas City, and will give one in Denver from Dec. 2d to 9th. The purpose of the course is to show how the reflexes may be elicited and utilized for diagnosis and treatment.

Iowa. Dr. A. B. Clapp, of Muscatine, presented an unusual case of transposed viscera at a recent clinical program before

the Central Iowa Association. The young man is in good health, but has been turned down by several insurance companies.

Kansas. Dr. Ralph Springer announces removal from Kingman to Pretty Prairie.

Dr. Edna Wallace, of Stafford, has received appointment in Fabiola Hospital, Oakland, California.

Massachusetts. Boston has done herself proud in the entertainment of the Clinical Congress of Surgeons. The hospitals of the Boston University Medical School came in for a generous share of praise. Every hospital unit was inspected and the clinics well attended. There is an old myth that pronouncement of an evil name will dispel its malign influence. The name of Samuel Hahnemann was spoken in open meeting in terms of commendation and the word "homœopathic" repeated without abated breath. And the world moves on without a cataclysm.

Dr. John P. Rand, of Worcester, announces the surrender of office hours on Wednesdays and Fridays on account of his lecture course in the Boston University School of Medicine.

Michigan. Dr. Maria Norris presented a report of the 1915 session of the Institute at the regular meeting of the Medical Society of Western Michigan. Dr. Wellington Huntley, of Lowell, reported on a case of infantile paralysis.

Dr. A. L. Blackwood, of Chicago, was the guest of the Practitioners' Society in Detroit, presenting a record of original work on the barium salts.

Dr. George LeFevre represented Muskegon at the Clinical Congress of Surgeons. Dr. LeFevre has been active in public health service as well as in surgery.

Missouri. The district federation plan in Missouri is being worked out to a successful end. The St. Joseph district had its autumn meeting at Hotel Robidoux in St. Joseph. Dr. W. H. Bailey, of Savannah, was elected president and Dr. F. K. Westfall, of South St. Joseph, secretary and treasurer.

The new Southwest College is steadily making efforts to enlist the interest of the profession in the great southwest. The executive board is made up of business rather than professional men. The purpose is to make it an institution of public service.

Dr. Scott Parsons, the recently elected president of the Southern Association, is responsible in large measure for the working out of a plan of federation of district societies with the state society, looking toward the larger affiliation of the state societies with the American Institute.

Nebraska. Dr. Paul Royal has received an appointment in Dr. Bailey's Sanitarium at Lincoln.

New York. Cumberland Hospital has a long and honorable record as a homœopathic institution. At the recent annual alumni dinner, Charles Rann Kennedy presented a reading from "The Servant in the House." Lest the medical profession be exalted over the theologians, the Reverend Nehemiah Boynton, one of the most eloquent of preachers, delineated the ideals and shortcomings of every professional worker who writes "money chaser" after his name. Dr. Bruno Bierbauer showed up the weakness of fads and cults. Dr. Copeland presented the opportunities of institutions teaching homœopathic therapeutics. The following officers were elected: Henry B. Minton, president; John F. Rankin and Harold A. Sanders, vice-presidents; Robert L. Wood, secretary; Geo. F. Lazarus, treasurer.

The Rochester *Democrat* recently published a half column exposition of the principles of homœopathic medical practice. The city of Rochester has good reason to be proud of its homœopathic record, for it has three successful hospitals operating along these lines,—the Hahnemann, the Homœopathic and the Lee Hospitals. There is ample opportunity for internships here for the recent graduate.

The Homœopathic Hospital of Buffalo reports a total Gift Day receipt of \$4,227.00 and "a large quantity of hospital supplies." The annual ball will be given on the evening of Thanksgiving day under the chairmanship of Mrs. R. H. Thompson.

Dr. Elmer Keeler, Editor of *Good Health Clinic*, has returned from an extensive trip through the West in behalf of the International Health League. Dr. Keeler visited sixteen states and four provinces of Canada.

Dr. Robert Mortimer Jones, of New York City, announces removal to 197 Madison Ave.

At the November meeting, at Elmira, of the Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania, there were sixty-five present and of the eighteen essayists on the program, only two failed to be present. Hotel Rathbun was headquarters. The detailed program is given under Society Programs.

Ohio. The Southern Association was a credit to the executive officers and the local committee. Hotel Gibson extended such splendid service that the visitors were loth to leave. Dr. McCleary inaugurated the exhibits feature and the lobby of the hotel lent itself admirably to the convenience of the exhibitors. Dr. Crank welcomed the visiting physicians not only by word of mouth, but in another very substantial way by loaning his car for sightseeing in the city of seven hills. Dean Hinsdale, out of a long experience, told how doctors are made and the function of the finished product. The colleges were well represented: Dr. Boericke, from San Francisco; Drs. Foster and

Hudson, from Kansas City; Drs. Cobb, Wilson, Gordon, Hanks, Melendy, Haseltine, Tenney, from Hahnemann of Chicago; Drs. Hinsdale, Meyers and Dewey, from Michigan; Drs. Burrett, Hinsdale, Humphrey, from Ohio State; Drs. Copeland and Rabe, from the New York Homœopathic; Dr. Brant, from the New York College for Women; and Dean Pearson, from Hahnemann of Philadelphia. Dr. Hobson represented the JOURNAL and the Institute. Dr. Munroe came from Florida, Dr. Boger from West Virginia, Dr. Swartwout from Washington, Dr. Lee from Rochester, Dr. Parsons from St. Louis and a goodly number from the nearer states. The officers for the ensuing year are: President, Dr. Scott Parsons, St. Louis; vice-presidents, Dr. H. Baker, Richmond, Va.; Dr. Dora Wheat, Louisville, Ky.; secretary and treasurer, Dr. J. L. Jennings, Danville, Va.; censors, Drs. A. L. Monroe, Miami, Fla.; V. H. Hallman, Hot Springs, Ark; J. L. Hudson, Kansas City, Mo.; W. L. McCreary, Knoxville, Tenn., and A. M. Duffield, Huntsville, Ala. The next meeting will be held at Kansas City.

Dr. A. D. Woodmansee announces removal from Cincinnati to Washington Court House. Dr. E. B. Doan from Miamisburg to West Carrollton. Dr. Walter Loomis from Little Rock to the East Cleveland Hospital and Sanitarium on Euclid Ave.

Dr. R. C. Wolcott, of the Department of Theory and Practice at the Ohio State University, and Dr. J. Richey Horner presented papers at the November meeting of the Cleveland Society.

Oregon. Dr. Julian P. M. Johnson announces removal from Grant's Pass to Ashland.

Pennsylvania. The Homœopathic Hospital at Reading reports generous contributions under the efficient management of Mrs. R. H. Hoffman.

Dr. Herbert L. Northrop, of Philadelphia Hahnemann, is winning a reputation for successful surgery in the treatment of delinquents. The Doctor is demonstrating that surgery as well as medicine may be the handmaiden of sociology.

Dr. W. P. Stewart, of Philadelphia, was the guest of the Hahnemannian Society of Reading recently, presenting a paper on "The Ductless Glands: Their Relation to Insanity and Allied Diseases." Following the meeting, luncheon was served at Hotel Berkshire.

The Philadelphia *Evening Ledger* publishes a communication from Dr. William F. Baker on the cultural and vocational values in medical education. There is no desire to lower the standard of medical education, but rather an effort to enlist the financial coöperation of wealth to enable students to do advanced cultural work as well as to prepare effectively for medical practice.

Dr. William Steele announces removal to 2340 N. 13th St., Philadelphia, and Dr. S. Miles Robinson, formerly of Jacksonville, Fla., to The Athens, Ardmore, Pa.

Rhode Island. The Homœopathic Hospital of this state has received a gift from Ira C. Calef, for a free bed. Mr. Calef was a former resident of Providence, although now of Washington, Vt. He has been a liberal donor to hospitals. The hospital is also fortunate in an efficient Aid Association under the auspices of the philanthropic women of Providence.

Dr. Graydon B. Smith announces removal to 422 Cranston St., Providence.

Texas. The Texas Homœopathic Association met this year at Dallas. In the absence of the president, Dr. Cohen, Dr. William L. Smith, of Denison, presided. A program of papers and clinics filled a two days' session. The 1916 meeting will be in connection with the Eclectic Medical Association, at Waco, during the week of the Cotton Palace. Dr. W. D. Gorton, of Austin, was reappointed chairman of legislation and education. The officers for 1915-16 are: D. B. Morrow, Dallas, president; G. B. Thornhill, Paris, and H. K. Brouse, Dallas, vice-presidents; Julia H. Bass, Austin, secretary; and H. D. Gorton, Austin, treasurer.

SOCIETY PROGRAMS

Interstate Federation, New York and Penn., Dr. S. S. Piper, Elmira, N. Y., Secretary.

Distilled Water.....F. W. Adrlance, Elmira, N. Y.

The Treatment of Otitis Media with Perforation of Membrana

Tympani.....W. H. Proctor, Corning, N. Y.

Clinical Cases.....David B. Jewett, Rochester, N. Y.

Diagnosis of Pulmonary Tuberculosis.....H. E. Merriam, Ithaca, N. Y.

Treatment of Fractures of the Thigh.G. H. Jenkins, Binghamton, N. Y.

Some Observations of Boston Congress of Surgeons of N. A.....

.....F. W. Roberts, Plymouth, Pa.

Alcoholism.....C. Spencer Kinney, Easton, Pa.

Topics of Interest.....J. Ivimey Dowling, Albany, N. Y.

Paper.....E. J. Bissell, Rochester, N. Y.

Some of the Surgical Aspects of the Cancer Problem.....

.....Walter Gray Crump, New York City

Pyloric Obstruction in Infancy..Jeremiah T. Simonson, New York City

Treatment of Acne.....Frederick M. Dearborn, New York City

The Survival of the Fittest of New and Old Obstetric Novelties.....

.....Leon S. Loizeaux, New York City

Typhoid Complicating Hysterectomy.....H. B. Besemer, Ithaca, N. Y.

The Operative Treatment of Retroversion of the Uterus.....

.....J. L. Peck, Scranton, Pa.

- Connecticut Homœopathic Society.** Henry P. Sage, Secretary.
 What Are the Essential Elements of the Homœopathic Prescription?
Maurice W. Turner, Brookline, Mass.
 Diagnosis and the Homœopathic Prescription.....
Herbert A. Roberts, Derby, Conn.
 The Differentiation of the Indigestions of Chronic Gastric Ulcer,
 and Chronic Appendicitis.....Roy Upham, New York City
 Paper.....Sprague Carleton, New York City
 Stereopticon Skin Clinic.....Fred'k M. Dearborn, New York City
- Central Illinois.** Reported by the Secretary.
 Salvarsan and Mercury in Syphilis.....Dr. A. C. Tenney, Chicago
 Face Presentation and Its Cause....Dr. Gilbert FitzPatrick, Chicago
 Second Year Feeding.....Joseph P. Cobb, Chicago
 Surgical Treatment of Goltre.....Geo. B. Kelso, Bloomington

Evening

- Down State.....Lewis T. Rhoades, Lincoln
 The Doctor.....Chas. A. Frazee, Springfield
 The Nurse.....Jos. S. Adsit, Hoopeston
 Their Yesterday.....Jos. W. Calvert, Bloomington
 Futurity.....Jay G. Barnhizer, Forrest
 Diagnosis and Prognosis.....C. Todd Hood, Chicago
 Reminiscences.....G. M. Cushing, Chicago
 Readings.....By Miss McConnell and Miss Honn

REGISTRATION OF PHYSICIANS AT THE 1915 SESSION

ARKANSAS. Ida J. Brooks, Little Rock; William O. Forbes, Hot Springs.

CALIFORNIA. Philip Rice, Berkeley.

COLORADO. John W. Harris, Denver; James W. Craig, Loveland.

CONNECTICUT. Henry H. Nadig, Stamford; Edward B. Hooker, Hartford; E. Everett Rowell, Stamford.

FLORIDA. Grace R. Parker, Bradentown.

ILLINOIS. Chicago: Sarah M. Hobson, Richard H. Street, Joseph R. Mitchell, Anson Cameron, Howard R. Chislett, Eugene A. Moulton, Edgar J. George, F. A. Ratcliffe, Philipp D. Paul, Harold W. Miller, Margaret E. Hammond, Geo. E. Richards, Lila E. Beers, W. Henry Wilson, Burton Haseltine, F. A. Blesse, Dwight I. Roush, William F. Harpel, Alfred Lewy, Burton W. Henderson, Herbert E. Taylor, George McBean, LeRoy Thompson, J. L. Church, Minnie R. Bishop, Francis C. Ford, Frank Guillaume, C. Gurnee Fellows, Benjamin A. McBurney, Frank A. Beardsley, William E. Van Norden, James S. Bell (Sen.), Julia H. Smith (Sen.), William P. MacCracken (Sen.), Joseph P. Cobb (Sen.), Homer V. Halbert (Sen.), Arminda C. Fry, Abby D. Allen, Frances D. Bloomington, Arthur G. Thome (Sen.), John E. Gilman, Belle B. Gurney, E. Stillman Bailey, Ysabel G. Richmond, Fredrica R. Baker, Kate I. Graves, Alonzo H. Waterman, Frank Branen, Lillian M. Thompson, Elmer T. White, Josephine H. Paine, Thomas E. Costain, Gilbert FitzPatrick, Mary Cornell, Carlton A. Harkness, Elmer E. Vaughan, Mary Hanks, Malachi R. French, Marion O. Russell, Harry P. Knapp, Clinton D. Collins, Alva Sowers, Henry C. Miller, Antoinette K. Fellows, Edward W. Cobb, Harry P. Hurley, Hermon W. Pierson, John F. Quenzer, Henry H. Merrill, Edward M. Bruce, Frank A. Smith, C. Edward Sayre, Jesse F. Boone, Frank R. Waters, William C. A. Leipold, Anna L. Bartholomew, Charles E. Kahlke, Ida M. Bostick, Julia C. Strawn, Clement A. Weirick, Samuel H. Aurand, Frederick Pease, George G. Starkey, Leonard Manning, Charles E. Walton, Frank A. Metcalf, Hannah G. Hutchins, Nils Bergman, C. F. Green, Robert F. Knoll, Arthur H. Grimmer, E. C. Sweet, Morris J. Moth, W. P. Earney, Thomas E. Miller, Clifford Mitchell, Marie L. Hunt, Gideon

L. Barber, Alonzo C. Tenney, Arthur H. Gordon, Helen M. Buchanan, John W. Cornell, Cecilia P. Kimball, Alexander L. Blackwood, William E. Boynton, Theodore Bacmeister, Guy M. Cushing; Alden E. Smith, Freeport; Eli Bradford, Rock Island; George F. Barry, Evanston; Annie Whitney Spencer, Batavia; Peter S. Replogle, Champaign; Mary F. McCrillis, Evanston; Wm. M. Honn, Champaign; C. F. Otto Miessler, Crete; Emil H. Raschke, La Grange; Harry H. Davis, Monroe Centre; Geo. B. Kelso, Bloomington; Mordecai L. Howard, Danville; Clint A. Laffoon, Bondville; John L. Snavely, Sterling; Samuel E. Parr, Ottawa; Louis A. Schultz, Rockford; Frederick A. Bartlett, Aurora; Marie Rose, Harvey; Abbie A. Hinkle, Evanston; Charles H. Long, Pontiac; Romus Arnold, Braidwood; Elizabeth C. Maas, Rockford; C. T. Carr, Somonauk; Charles E. Colwell, Aurora; William A. Crooks, Rock Island; Charles N. Dunn, Centralia; Francis F. Kirsch, Dundee; Jacob F. Roemer, Waukegan; Katherine B. Luzader, Greenville; Florence A. Stone, Waukegan; Abner G. Downer, Princeton; William H. West, Taylorville; Thos. Lawton, Hinsdale; Robina H. Larsen, Odell; Joseph S. Adsit, Hoopeston; Henry S. Llewellyn, La Grange

INDIANA. Martha V. Thomas, South Bend; Willis B. Stewart, Indianapolis; Albert A. Ogle, Indianapolis; James H. Fargher, Laporte; Edwin A. Severinghaus, New Albany; Mary L. Ewing, Evansville; James B. Wise, Frankfort; Charles R. Armstrong, Thorntown; Edward R. Wallace, Aurora; John W. Webb, Indianapolis; Ernst Franz, Berne; H. Alden Adams, Indianapolis; Henry G. Merz, Hammond; Orange S. Runnels, Indianapolis; Moses H. Waters (Sen.), Terre Haute; Emma G. Holloway, North Manchester; Jacob D. Richer, Warsaw; William E. George, Indianapolis; B. Franklin Eikenberry, Peru.

IOWA. John W. Cogswell, Iowa City; Arch B. Clapp, Muscatine; Ralph W. Homan, Webster City; Amos J. Myers, Creston; Charles M. Hazard, Arlington; Lester A. Royal, West Liberty; Charles J. Loizeaux, Des Moines; Malcolm A. Royal, Des Moines; Ellis G. Linn, Des Moines; Charles E. Holloway, Des Moines; Alexander M. Linn, Des Moines; Gardiner A. Huntoon, Des Moines; Geo. Royal, Des Moines; R. H. Becker, Elgin; Jay M. Kilbourne, Sioux City; Frank C. Titzell, Iowa City; Charles H. Cogswell (Sen.), Cedar Rapids; William H. Hanchette (Sen.), Sioux City.

KANSAS. Sophia L. Cochran, Newton; Bert Anderson, Victoria.

KENTUCKY. J. J. Wynn, Louisville.

MASSACHUSETTS. Henry L. Clarke, Andover; Everett Jones, Brookline; John P. Sutherland (Sen.), Boston; De Witt G. Wilcox (Sen.), Boston; Alonzo J. Shadman, Boston; Mary Mosher, Boston; Howard W. Nowell, Boston; Marion Coon, Boston; Sanford B. Hooker, Boston; James Krauss, Boston; Bertha E. Ebbs, Dedham; John P. Rand, Worcester.

MICHIGAN. Hugh R. Hildebrandt, Ann Arbor; Claudius B. Kinyon (Sen.), Ann Arbor; Willis A. Dewey (Sen.), Ann Arbor; Hugh M. Beebe, Ann Arbor; Wilbert B. Hinsdale, Ann Arbor; Dean Myers, Ann Arbor; Ralph R. Mellon, Ann Arbor; Rollin H. Stevens, Detroit; Daniel A. MacLachlan (Sen.), Detroit; William H. Diebel, Detroit; Robert M. Richards, Detroit; Neil J. Bentley, Detroit; George C. Caron, Detroit; Stephen H. Knight, Detroit; Frank A. Kelly, Detroit; Maria W. Norris, Grand Rapids; Glenn G. Towsley, Grand Rapids; Clarence J. Durham, Muskegon; Emma J. West, Manistee; Chester H. Murphy, Lansing; Theron G. Yeomans, St. Joseph; Corwin S. Clarke, Jackson; Luella E. Axtell, Monnett; Emily S. F. Kirby, Bangor; John N. Reynolds, Grand Haven.

MINNESOTA. George B. Hamlin, Minneapolis; Henry C. Aldrich (Sen.), Minneapolis; Florence A. Richardson, Minneapolis; Margaret Koch, Minneapolis; David A. Locke, Minneapolis; Eugene L. Mann, St. Paul; Harvey O. Skinner, St. Paul; Eugene Hubbell, St. Paul; Henry D. Diessner, Chaska; Lawrence G. Wilberton, Winona; Leon A. Williams, Slayton; Arthur B. Williams, Wilmont; Albert E. Booth, Minneapolis.

MISSOURI. Thomas H. Hudson, Kansas City; Thomas R. Gammage, Kansas City; William D. Foster, Kansas City; Charles E. Allen, Kansas City; Herbert E. Young, Kansas City; Edith Weaver Johnson, Kansas City; Carolyn E. Putnam, Kansas City; James A. Campbell (Sen.), St. Louis; W. John Harris (Sen.), St. Louis; Scott E. Parsons, St. Louis; David M. Gibson, St. Louis; Walter E. Reilly, Fulton; Edward J. Burch, Carthage; Arthur C. Putman, Marshall.

NEBRASKA. E. Arthur Carr, Lincoln; Benjamin F. Bailey, Lincoln; Laura J. Brown, Lincoln; Orlando S. Wood (Sen.), Omaha; Delmer L. Davis, Omaha; Edward M. Bernecker, Lincoln.

NEW JERSEY. Maurice D. Youngman, Atlantic City; Homer I. Silvers, Atlantic City.

NEW YORK. New York City: J. J. McDermott, Ralph A. Sreewart, Harry E. VanderBogart, William H. Dieffenbach, Harlan P. Cole (Sen.), Arthur B. Norton (Sen.), William H. Van den Burg (Sen.), Frederick M. Dearborn, Guy B. Stearns, Orlando R. Von Bonnewitz, Daniel E. S. Coleman, Ella M. Tuttle, Cornelia C. Brant, Royal S. Copeland. Seymour B. Moon, Mary D. Jones, Wallace B. House, Walter G. Crump, T. Drysdale Buchanan, George W. Roberts, George H. Patchen (Sen.); Elizabeth H. Muncie, Brooklyn; Orlando S. Ritch, Brooklyn; G. Walker, Pottstown; Brayton E.

Kinne, Albany; Carl Schumann, Delhi; Herbert W. Hoyt, Rochester; Reuben A. Adams (Sen.), Rochester; John M. Lee (Sen.), Rochester.

NORTH DAKOTA. F. Margaret Peake, Grand Forks.

OREGON. Byron E. Miller, Portland; Arthur L. Canfield, Portland.

OHIO. Albert E. Hinsdale, Columbus; Charles F. Junkermann, Columbus; Samuel E. Fletcher, Columbus; Claude A. Burrett, Columbus; William A. Humphrey, Columbus; Carl A. Schulze, Columbus; Robert G. Reed, Cincinnati; J. H. Wilms, Cincinnati; Allen H. Dunton, Cincinnati; Joseph R. McCleary, Cincinnati; William A. Geohegan, Cincinnati; Charles E. Walton (Sen.), Cincinnati; Samuel R. Geiser (Sen.), Cincinnati; Lewis K. Maxwell, Toledo; Ira C. Denman, Toledo; Henry F. Staples, Cleveland; Frieda E. Weiss, Cleveland; Alice Butler, Cleveland; Henry L. Wells, Cleveland; Gertrude K. Meck, Cleveland; J. Richey Horner (Sen.), Cleveland; James C. Wood (Sen.), Cleveland; Harris H. Baxter (Sen.), Cleveland; Clark E. Hetherington, Piqua; Joseph C. Fahnstock (Sen.), Piqua; William W. Dixon, Akron; Geo. H. Irvin, Orrville; Henry E. Beebe (Sen.), Sidney; Robert B. House (Sen.), Springfield; R. C. Wolcott, Troy; George D. Arndt, Mt. Vernon; Carlyle W. Dewey, Conneaut; George W. Cameron, Chagrin Falls; Joseph W. Means, Troy; Harley H. Sink, Columbus Grove.

PENNSYLVANIA. Anna Johnston, Pittsburg; Mary E. Coffin, Pittsburg; Irvin D. Metzger, Pittsburg; Robert S. Marshall, Pittsburg; Frederick V. Wooldridge, Pittsburg; William A. Stewart, Pittsburg; Leon T. Ashcraft, Philadelphia; Walter C. Barker, Philadelphia; Donald Macfarlan, Philadelphia; Geo. W. Mackenzie, Philadelphia; Wm. F. Booker, Philadelphia; Edwin L. Nesbit, Bryn Mawr; Hannah E. Walker, Sharon; Frank A. Clausen, Meadville; John C. McCauley, Rochester; Thomas H. Carmichael, Germantown; Emma T. Schreiner, Germantown.

RHODE ISLAND. William M. Muncy, Providence; Henry A. Whitmarsh, Providence.

SOUTH DAKOTA. R. K. Wellman, Dowlin.

SOUTH CAROLINA. Archer L. Smethers, Anderson.

TEXAS. Willard S. Hastings, Cuero; John F. Edgar, El Paso.

UTAH. Earnest P. Mills, Ogden.

VIRGINIA. Harry E. Koons, Danville.

WASHINGTON, D. C. Frank A. Swarthout, Cora S. King.

WASHINGTON. E. Weldon Young, Seattle; Will O. Bell, Seattle.

WISCONSIN. Eugene W. Beebe, Milwaukee; Wilbur N. Linn, Oshkosh; Mary E. Bartlett, Beloit; Nelson A. Pennoyer, Kenosha; Mary Hopkins, Oconto; Frederick T. Gorton, Portage; Horace T. Haverstock, Sharon; Gustavus A. Almfelt, Kenosha; A. Lovelle Burdick, Jonesville; John J. E. Guy, Milwaukee.

BOOK REVIEWS

The Case for Homœopathy. By C. E. Wheeler, M. D., B. S., B. Sc. Five lectures delivered during the season of 1913-14 at Chalmers House. British Homœopathic Association, 43 Russell Square, W. C., London, England.

Our readers will recall Dr. Charles E. Wheeler as the translator of the *Organon*, as published in *Everyman's Library*. This little book presents "The Case for Homœopathy" from the historical, the biological and the experimental standpoint. The author states his case sanely and judicially, rather than as a propagandist, concluding:

Let it be noted, historically, the followers of Hahnemann did not separate themselves from their colleagues. They were cast out. The schism came from those who would not so much as hear their case. . . . Until there is some general recognition of homœopathy, it is necessary to keep the name for hospitals, dispensaries and societies, if only to make public the fact that in these places exists this special knowledge for such as need it. Homœopathic practice is the *distinguishing* feature of homœopathic hospitals. To retain the name no

more implies that the staff of such a hospital scorns every other art and science of medicine, than the name "temperance" implies that the staff of the institution so called consider their whole duty to a patient to consist in withholding alcohol from him. Once let the method of homœopathy be a part of general medical education, and the need for a separate designation disappears.

The book may well be placed on the shelf with other expository literature on the characteristic features of homœopathic practice and theory. One of the papers of Dr. Copeland's bureau in June, "Modernize Your Propaganda," and the popular dramatic skit of the day, "It Pays to Advertise," are so in accord with the day's spirit of demonstration rather than discussion, that one is moved to supplement all scholastic exposition by convincing vital statistics from hospitals and community practice, and by monetary record of increased earning capacity. Such statistics are doubtless to be had for the searching, and there lies a hitherto neglected field. *S. M. H.*

Diseases of the Nose and Throat. By Algernon Coolidge, M. D., Professor of Laryngology in the Harvard Medical School. 12mo of 360 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$1.50 net.

A ready reference book for the details of examination, diagnosis and treatment of the upper respiratory tract. It is a book of only 360 pages, of good print and uncommonly fine illustrations and diagrams. The author succeeds in presenting the facts "in their proper perspective," and therefore accentuates "established facts and well-authenticated theories," while he avoids "unproved statements and superfluous treatment." If every general practitioner were to possess himself of this clean-cut information, there would be more intelligent preliminary care of the upper respiratory tract and more discriminating reference of patients to the specialist. *S. M. H.*

A Textbook of Histology. By Rudolph Krause, A. O., Professor of Anatomy, University of Berlin. 36 illustrations. Rebman Co., New York. \$2.50.

This textbook with clear print, lines well-spaced, significant phrases in bold face, and exquisite illustrations is a sight to gladden the tired eyes of the student. Only one criticism could be made: the highly calendered paper so commonly used in all textbooks, is in no wise restful. The oculists and aurists, the hygienists in general must wage continual war against the commercial sacrifice of vital energy, whether upon glazed paper, unnecessary noises or graver evils of unwholesome custom. Every physician needs now and then to review in consecutive reading the subjects which are outside the daily round. This is an excellent book for such review. The chapters on the Heart, the Ductless Glands and the Nervous System are particularly timely. *S. M. H.*

The Intervertebral Foramen in Man. By Harold Swanberg, Member of the American Association for the Advancement of Science. Introductory note by Harris E. Santer. 16 plates. Chicago Scientific Publishing Co.

A careful review of both "The Intervertebral Foramen"* and "The Intervertebral Foramen in Man" has given me great pleasure. Nature's wondrous plan for the protection of the spinal nerves has never before been so well shown. The insulation by fatty tissue and protective covering of fibrous and muscular tissue serve as a lesson to x-ray machinists.

We owe Dr. Swanberg our sincere thanks for his painstaking, patient study of the intervertebral foramen in man, especially as a help to those interested in nervous diseases and disorders, in order to solve many problems of spinal irritation, nerve pressure, impingement and inflammation as causes of disease. Y. G. R.

The Fly—A Nature Study of the House Fly and Its Kin; The Fly Plague and a Cure. By G. Hurlstone Hardy. With an introduction by Halford Ross. Rebman Co. of New York. 80 cents.

The refinements of Christian Science are exemplified by the highly recommended housekeeper who replied to her mistress' remonstrance against two stranger flies which had entered with the advent of a frosty night, "O, but I can't kill any living creature, you know!"

This little book is worth its price if only for the story in the opening chapter of the English lad and his genteel aunt "of early Victorian pattern." His ultimate judgment that "people who won't kill flies ought to be fly-blown" is probably responsible for the war waged in this small volume of one hundred pages against the plague of flies. S. M. H.

Modern Treatment of Gonorrhea in the Male. By Dr. P. Asch (Strassburg). Illustrated. Translated and annotated by Faxton E. Gardner, M. D., Lecturer and Assistant Visiting Genito-Urinary Surgeon, New York Polyclinic; Assistant Genito-Urinary Surgeon, Bellevue Hospital, Out-Patient Department, New York City. Rebman Company, New York. \$1.00.

Dr. Asch presents in twelve chapters such methods of treatment of acute and chronic gonorrhea as have proved reliable in his fifteen years' practice as a specialist. The language is simple and direct, the illustrations illuminating and the whole output useful. The foot notes of the translator are interesting comment on the divergence of American practice, particularly in regard to serum therapy and the high frequency spark. S. M. H.

Students' Textbook of Hygiene. By W. James Wilm, M. D., D. Sc., D. P. H. Queen's University. Belfast. Rebman Company, New York. \$2.50.

A convenient handbook of hygiene for the student, the maker of programs or for library reference. More than fifty years ago,

*JOUR. A. I. H., April, 1914, p. 951.

Elizabeth Browning wrote "The Cry of the Children," one of the most fetching pleas for child welfare ever uttered. And most of the plans for vocational hygiene written since that day are but prose and practical amplification of the poet's vision. We have not gone very far since Mrs. Browning wrote

"Still all day the iron wheels go onward,
Grinding life down from its mark;
And the children's souls which God is calling sun-ward,
Spin on blindly in the dark."

Quarterly Bulletin. Michigan State Library. July-Sept., 1915. The spirit of the library movement in Michigan is embodied in Adam Strohm's contribution to this volume. Mr. Strohm is librarian in the Detroit Public Library and writes of "The Spirit of the New World":

The motive power is not a mere veneration of learning, of theoretic knowledge—it is a desire not so much to *know* as of *knowing how*, of mastery, of capacity for action. Here we are confronted with the ideas of pragmatism with which the pedagogical principles enunciated by John Dewey are closely interwoven. Will power and action are accentuated above knowledge and wisdom, the latter only of importance in so far as help in overcoming the obstacles met with. Every school is a community on a small scale; if education is carried on along social-ethical principles of coöperation and the common good, the social instincts and forces of the pupils will be developed—the democratic spirit of our age is thus nourished and the craving and demand of our times for practical education are being met.

The Anglo-French-American Hospital. The Bulletin of this Hospital dated March 25, 1915, reports six endowed wards and twelve endowed beds. Through Dr. Horace Packard of Boston, the Massachusetts State Homœopathic Society has one endowed bed.

A later Bulletin, dated June 20, 1915, reports total number admitted to date, 88; at present in residence, 40. Mortality, 2. The maladies have included enteric, acute and chronic rheumatism, battle shock and pleurisy. Tuberculosis is a frequent complication. The professional work will be increased to include, "those wounded in lesser degree," giving "priority to soldier patients with acute illness." Total subscription £5,100.

Transactions of the Homœopathic Medical Society of Ohio, 1915. This volume contains the presidential address of Dr. R. O. Keiser, minutes of the fifty-first annual session and the papers with their discussion, together with important data on officers and members.

Stomach Carcinoma. Bloodgood. "Continuous epigastric distress, aggravated by eating solid food" is the significant sentence in starting the search for cancer.

MEDICAL EDUCATION IN THE HOMŒOPATHIC SCHOOL OF MEDICINE*

By W. A. Dewey, M. D., Secretary of the Council on Medical
Education of the American Institute of Homœopathy

The first time homœopathy has had a hearing in governmental publications.—Dewey.

ESTABLISHMENT AND ORGANIZATION OF HOMŒOPATHIC INSTITUTIONS

Homœopathy, the system of medicine founded by Samuel Hahnemann, a German physician, has had special influence in the United States, where the system was introduced nearly 100 years ago. The early disciples of homœopathy were practitioners educated in general medicine; scholars who recognized the importance of education and research in the upbuilding of any system of medicine, especially one which sought to invade the existing medical field and disturb ancient traditions. Accordingly, early attention was given to the training of practitioners. The first homœopathic teaching institution in the United States, the North American Academy of the Healing Art, was established at Allentown, Pa., in 1835. The American Institute of Homœopathy, the oldest national medical society in the United States, was established in 1844 for the purpose of encouraging and preserving the contributions made to the materia medica of the homœopathic school of medicine, and one of the requisites for membership was that the candidate be qualified in medicine, especially in homœopathy. Thus, there was established early in the history of the school two departments, medical education and research investigation.

As the system of homœopathy grew, the number of institutions increased with considerable rapidity, and at one time there were between twenty and twenty-five in existence throughout the country. The distribution of these was not always along the line of wisdom; for instance, there were at one time in the city of Chicago six medical colleges teaching the homœopathic system of medicine.

All the teaching institutions of the school were under the direct supervision of the national organization through what was termed the intercollegiate committee, which provided and controlled entrance, curriculum, and graduation requirements. The entrance of state legislation into the field of medicine, especially medical education, required the solving of new problems, and there was established in the place of the intercollegiate committee a permanent medical committee entitled "the council on medical education of the American Institute of Homœopathy." The council on medical education is at present composed of Dr. George Royal, Des Moines, Ia., professor of materia medica and therapeutics of the Homœopathic Medical College of Iowa State University, chairman; Dr. Willis A. Dewey, Ann Arbor, Mich., professor of materia medica and therapeutics of the Homœopathic Medical

*Reprint from the Report of the Commissioner of Education for the year ended June 30, 1914. Chapter IX.

College of the University of Michigan, secretary; Dr. John P. Sutherland, Boston, Mass., professor of theory and practice of medicine, Boston University School of Medicine; Dr. John B. Garrison, New York, laryngologist to the Laura Franklin Free Hospital for Children; Dr. H. H. Baxter, Cleveland, O., former member of the Ohio State Board of Medical Examiners; and Dr. C. E. Sawyer, of Marion, O., special ex-officio member.

The council on medical education last year issued a report on the colleges of the homœopathic school, which was heartily welcomed and accepted by state board members as being the authoritative expression of the fitness of the institutions of the homœopathic medical school. Since the issuance of this report there has been much improvement in the teaching efficiency of all the colleges. The Ohio college, formerly located at Cleveland, has been removed to Columbus, where it becomes a department of the Ohio State University, under the control of the trustees of that institution. It has entered upon the year's work with a new faculty, new buildings, hospital facilities, and an encouraging class of students. The Kansas City institution is being placed upon a permanent basis. Other homœopathic colleges have been improved by new buildings, facilities, teaching staffs, equipment, or endowment. At a conservative estimate, during the year 1913-14 not less than \$1,000,000 has been expended in the improvement of the several homœopathic teaching institutions.

There are at the present time ten medical colleges devoted to the teaching of homœopathic medicine, distributed from Boston to San Francisco. The entrance requirements, curricula, and general management are supervised by the council on medical education, subject to the laws of the various states wherein the colleges are located. A homœopathic college claims the honor of having been the first to establish a compulsory three years' course, and the first to require four years as the minimum college term.¹ In several a premedical year has been established, in which students are required to do work that is under the direction and supervision of the medical faculty of the college. The University of Michigan Homœopathic Medical College has had this requirement for two years. In the Hahnemann Medical College of Chicago there is a fifth year which is carried on by a special faculty in the medical college itself. In the fall of 1915 the premedical year becomes operative in Ohio State University Homœopathic Medical College. In the Hahnemann Medical College of Philadelphia, besides the work of a premedical year, carried on within its walls, a fifth or hospital year is required as a prerequisite to securing a license to practice. This is in accordance with the Pennsylvania law. Homœopathic colleges connected with universities, of which there are four, and two others by special arrangement with literary institutions, offer combined courses, making it possible for students to obtain a literary and a medical degree in six or seven years. During

¹ Boston University School of Medicine in 1873 offered a graded course of three years, and in 1877 it made this three years' course compulsory. In 1878 it offered a four years' medical course, and in 1890 it made this course compulsory. In 1907 it instituted an optional five years' course.

the year 1913-14 there were in attendance at these colleges 941 students. This is the largest number since 1907, when there were eighteen colleges instead of ten.

It is the aim of homœopathic colleges to educate physicians in the broadest acceptance of the term, rather than specialists or scientists. The council on medical education of the American Institute of Homœopathy has made no attempt to grade teaching institutions on a classification basis, but endeavors so to improve and equip them that every one will give the highest grade of medical teaching and training. The colleges of the homœopathic school report to the council on medical education of the American Institute of Homœopathy; this organization is therefore the only private source from which reliable data with regard to them may be secured. The function of the council is to insist upon an acceptable standard being maintained in each college, which shall harmonize with the laws of the states wherein the colleges are located.

HOSPITAL INSPECTION AND GRADING

The council on medical education recognizes that the necessity is soon to arise for a graduate to have one year of hospital experience before a diploma, or at least a license to practice, be granted him. Thus it is necessary to have the hospitals which are to undertake this work of finishing the student's training properly equipped and conducted. The council is now engaged, through a committee appointed for the special purpose, in the work of hospital inspection and grading which is to indicate the suitability of a given hospital to receive and train properly educated men and women for medical practice. A minimum scale and requirements have been adopted to which all must conform. A report of this work will soon be issued.

The council of education has under way a survey of the medical practice of each state in order to determine the approximate proportion of its inhabitants employing homœopathic practice. This survey has been completed in one of the typical large states with the result that approximately 35 per cent of the population are reported as employing the homœopathic system of practice and 48 per cent are not unfavorably disposed toward it.

HOMŒOPATHIC MEDICAL RESEARCH

The earlier transactions of the American Institute of Homœopathy dealt almost exclusively with the work of drug testing on the healthy human body, which is one of the fundamentals of the homœopathic system, and continued attention is still given to this field.

This work of the study of drug action has been placed by the national organization in the hands of a special committee or board known as the American Institute of Drug Proving, which is incorporated under Federal laws. The members of this board are at present as follows: Dr. J. B. Gregg Custis, Washington, D. C., member of the board of medical supervisors of the District of Columbia, chairman; Dr. E. H. Wolcott, Rochester, N. Y.; Dr. George Royal, Des Moines, Ia., professor of materia medica and therapeutics, Homœopathic

Medical College of Iowa State University; Dr. W. A. Dewey, professor of materia medica and therapeutics, Homœopathic Medical College, University of Michigan; Dr. John P. Sutherland, Boston, Mass., professor of theory and practice of medicine, Boston University School of Medicine; Dr. Rudolph F. Rabe, New York, professor of materia medica, New York Homœopathic Medical College and Flower Hospital; and Dr. Benjamin F. Bailey, Lincoln, Neb. The committee is carrying on the work of drug testing at the present time.

There have been recently equipped, in connection with two homœopathic colleges, large laboratories for the purpose of work in the field of drug proving, and another is about to open.

There has also been much work done in other laboratories connected with the homœopathic schools. The question of vaccines is at the present time receiving much attention, with special reference to the action of the various preservatives in the manufacture of these substances, a question that has agitated the homœopathic school for several years.

LIST OF SCHOOLS

The introduction to the "Educational Report of the Council on Medical Education of the American Institute of Homœopathy for the years 1912-13" states:

The council on medical education desires to present to the profession a report of the teaching institutions of the homœopathic school of medicine. This report is based upon actual inspection and investigation made by members of the council, in company with representatives of State boards and organizations of our own school of medicine, and while all the data obtained, for instance, lists of laboratory apparatus, etc., are not here presented, we believe sufficient is given to show that the colleges of the homœopathic school of medicine not only are fully equipped to give comprehensive and thorough medical education, but add to this general medical education a knowledge of treating and curing the sick on scientific, or what is equivalent thereto, homœopathic principles.

The list of institutions described in this report, with a summary of the enrollment figures revised for 1914, is as follows:

Students in homœopathic medical colleges, 1913-1914.

College.	Total.	Seniors.	Juniors.	Sophomores.	Freshmen.	Special.	Graduates.
Boston University School of Medicine, Boston, Mass.	121	22	22	24	46	7	22
New York Homœopathic Medical College and Flower Hospital, New York, N. Y.	356	53	68	65	61	109	43
New York Medical College for Women, New York, N. Y.	42	7	9	12	14	0	7
Hahnemann Medical College, Philadelphia, Pa.	104	14	21	21	37	11	14
Cleveland-Pulte Medical College, Cleveland, Ohio.	56	11	19	12	14	0	11
University of Michigan, Homœopathic Medical College, Ann Arbor, Mich.	80	24	22	12	18	4	23
Hahnemann Medical College and Hospital, Chicago, Ill.	95	17	21	22	32	3	17
College of Homœopathic Medicine of the State University of Iowa, Iowa City, Iowa.	6	0	2	0	3	1	
Kansas City Hahnemann Medical College, Kansas City, Mo.	41	13	2	9	17	0	13
Hahnemann Medical College of the Pacific, San Francisco, Cal.	40	7	6	10	17	0	5

Total number of students in 1913-14, 941.

Total number of graduates in 1914, 155.

THE MEMBERSHIP LISTS

The **Alphabetical List** of members in the American Institute of Homœopathy carries the postoffice address of each member according to the latest report received in the office of the Treasurer or Secretary. Following the alphabetical list is the list of **Seniors** and the list of **Members by States**.

Any correction of address sent to the office of the JOURNAL will be entered in the department, **Change of Address**, in a subsequent issue of the JOURNAL

ALPHABETICAL LIST OF MEMBERS

The year placed before the name indicates the date of election to membership. Names in **BOLD FACE CAPITALS** are Senior members.

Members are requested to notify the Secretary of any change in address.

Members neglecting the payment of dues for three years, after proper notification from the Treasurer, may have their names dropped from the roll of membership.—*Article V., Section 3, of the By-Laws.*

- 1905. Abbott, Edward S., 7 High St., Bridgton, Me.
- 1913. Abbott, Frona, 512 Cent. Sav. Bk. Bldg., Denver, Colo.
- 1907. Ackerman, James F., 1010 Grand Ave., Asbury Park, N. J.
- 1896. Ackerman, Joseph, 417 Summerfield Ave., Asbury Park, N. J.
- 1913. Ackermann, August C., 213 N. 8th St., Lafayette, Ind.
- 1897. Ackley, Rose R., 36 Washington Ave., Warren, O.
- 1914. Adamian, Hovsep G., 260 Haverhill St., Lawrence, Mass.
- 1911. Adams, Burdett S., 175 Grand Ave., New Haven, Conn.
- 1899. Adams, Charles F., 229 Union St., Hackensack, N. J.
- 1902. Adams, Ernest O., 1028 Rose Building, Cleveland, O.
- 1895. Adams, H. Alden, 14 W. Ohio St., Indianapolis, Ind.
- 1915. Adams, James H., 803 Schweiter Bldg., Wichita, Kan.
- 1876. **ADAMS, REUBEN A.**, 3 Upton Pk., Rochester, N. Y.
- 1914. Adriaance, Frank W., 405 Euclid Ave., Elmira, N. Y.
- 1903. Adsit, Joseph S., First National Bk. Bldg., Hoopeston, Ill.
- 1915. Agnew, Theodore M., 613½ N. Broadway, Pittsburg, Kan.
- 1913. Agramonte, G. E., Calle 8, 44 Vedado, Havana, Cuba.
- 1913. Ahrens, Albert E., 1824 Dayton Ave., St. Paul, Minn.
- 1892. Aiken, John G., 1104 St. Charles Ave., New Orleans, La.
- 1910. Aitchison, Florence N. H., 1430 Berwyn Ave., Chicago, Ill.
- 1908. Alden, Frederick, 509 Euclid Ave., Des Moines, Ia.
- 1908. Aldrich, Harry L., 116 State St., Caney, Kan.
- 1888. **ALDRICH, HENRY C.**, 401 Donaldson Bldg., Minneapolis, Minn.
- 1914. Alexander, Kirke L., Nat'l Bank Bldg., Orange, Mass.
- 1915. Allen, Abby D., 32 N. State St., Chicago, Ill.
- 1881. **ALLEN, ALBION H.**, 85 Federal St., New London, Conn.
- 1908. Allen, Charles E., 803 Waldheim Bldg., Kansas City, Mo.
- 1913. Allen, David E., 1142 Bryn Mawr Ave., Chicago, Ill.
- 1900. Allen, Edward E., 32 Monument Sq., Charlestown, Mass.
- 1908. Allen, Enos B., 144 Perry St., Trenton, N. J.
- 1873. **ALLEN, GEORGE D.**, Portland, Mich.
- 1899. Allen, Herbert C., 171 Lefferts Pl., Brooklyn, N. Y.
- 1913. Allen, J. Henry, Delphi, Ind.
- 1912. Allen, J. Mary, W. Main St., Grove City, Pa.
- 1899. Allen, J. Wilford, 117 West 12th St., New York, N. Y.
- 1897. Allen, John V., 1405 Oxford Rd., Philadelphia, Pa.
- 1887. **ALLEN, LAMSON**, 20 Elm St., Worcester, Mass.
- 1891. Allen, Paul, 59 West 49th St., New York, N. Y.
- 1892. Allen, Sara J., Charlotte, Mich.
- 1901. Alliaume, Charles E., 221 Genesee St., Utica, N. Y.
- 1895. Allison, George F., Warren Ave., East Providence, R. I.
- 1913. Almfelt, Gustavus A., Sanitarium, Walters Park, Pa.
- 1914. Alway, Guy, Whitmore Lake, Mich.
- 1894. Ames, Charles S., Ada, Hardin Co., Ohio.
- 1915. Anda, Thorwald, 110 N. Wabash Ave., Chicago, Ill.
- 1908. Anderson, Alice H., 405 Broadway, Los Angeles, Cal.
- 1912. Anderson, Annie A., 4520 Magnolia Ave., Chicago, Ill.
- 1913. Anderson, Bert, Victoria, Kan.

ANDERSON

1909. Anderson, Bruce, 178 Forest Ave., W., Detroit, Mich.
 1913. Anderson, George W., Early, Iowa.
 1913. Anderson, Peyton F., Shelton, Conn.
 1913. Anderson, William E., 305 Bank Bldg., Washington, Iowa.
 1905. Andrews, Robert B., 501 S. State St., Belvidere, Ill.
 1892. Andrews, William R., P. O. Bldg., Mannington, W. Va.
 1901. Angel, Milton H., Salt Point, N. Y.
 1901. Angell, Augustus, 904 Main St., Hartford, Conn.
 1913. Anthony, Frank H., 635 Wilson Bldg., Dallas, Tex.
 1908. Aplin, Clarence A., 515 Douglass St., Ames, Iowa.
 1891. Applegate, Grover T., 5 Livingston Ave., New Brunswick, N. J.
 1899. Appleton, Lucy, 479 Beacon St., Boston, Mass.
 1869. **ARÇULARIUS, PHILIP E.**, 52 Chestnut St., East Orange, N. J.
 1913. Armbruster, Charles E. H., 909 17th St., Denver, Colo.
 1915. Armet, Leon T., 4726 Cote Brillante Ave., St. Louis, Mo.
 1902. Armsbury, Aaron B., Box 77, Marine City, Mich.
 1909. Armstrong, Charles A., 274 E. Court St., Kankakee, Ill.
 1905. Armstrong, Charles R., Thornton, Ind.
 1914. Armstrong, Dean K., 841 W. Central Ave., Toledo, O.
 1905. Armstrong, Wilber P., 6th and Capitol Ave., Springfield, Ill.
 1900. Arndt, George D., 7 South Gay St., Mt. Vernon, Ohio.
 1915. Arneson, Arthur I., Forest City, Ia.
 1913. Arnold, Romus, Main St., Braidwood, Ill.
 1912. Arnulphy, Bernard S., 39 Boul. Haussmann, Paris, France.
 1891. Arschagouni, John, 47 East 29th St., New York, N. Y.
 1897. Arthur, Daniel H., 23 Olean Ave., Jersey City, N. J.
 1891. Artz, Jerome L., 3000 Westfield Ave., Camden, N. J.
 1913. Ashby, A. A., Lock Box 9, Fairmont, Neb.
 1899. Ashcraft, Leon T., 2103 Chestnut St., Philadelphia, Pa.
 1900. Ashley, Maurice C., State Hospital, Middletown, N. Y.
 1909. Askenstedt, Fritz C., 1210 South 4th Ave., Louisville, Ky.
 1908. Atkinson, Alvan W., 423 E. State St., Trenton, N. J.
 1910. Atkinson, Leonard W., Azusa, Cal.
 1907. Atwell, David R., 607 Hudson St., Hoboken, N. J.
 1909. Atwood, Harry A., Riverside, Cal.
 1899. Aurand, Samuel H., 717 Marshall Field Bldg., Chicago, Ill.
 1901. Austin, Alonzo E., 8 E. 58th St., New York, N. Y.
 1908. Austin, Charles G. S., 2 Orange St., Nantucket, Mass.
 1901. Averill, Maria B., 2320 G St., San Diego, Cal.
 1914. Axford, Walter J., 44 E. Walnut Lane, Philadelphia, Pa.
 1913. Axtell, Luella E., 1552 Main St., Marinette, Wis.
 1911. Ayers, Horace E., 820 Lexington Ave., New York, N. Y.
 1897. Ayler, Amos E., 9 N. College Ave., Greencastle, Ind.
 1897. Babcock, Archibald H., Randolph, N. Y.
 1885. **BABCOCK, DANIEL A.**, Fall River, Mass.
 1913. Babcock, H. C., Bank & Trust Bldg., Miami, Fla.
 1915. Bachelder, Bayley B., 1044 Union Ave., Portland, Ore.
 1905. Bacmeister, Theodore, 4041 N. Keeler Ave., Chicago, Ill.
 1913. Badertscher, Gottfried, 940 S. 18th St., Louisville, Ky.
 1913. Baer, George F., 621-24 Fulton Bldg., Pittsburgh, Pa.
 1900. Bagg, Clinton L., 26 W. 46th St., New York, N. Y.
 1913. Bahrenburg, William, 223 E. Main St., Belleville, Ill.
 1892. Baier, George F., Boothwyn, Pa.
 1888. **BAILEY, BENJAMIN F.**, 141 S. 12th St., Lincoln, Neb.
 1888. **BAILEY, E. STILLMAN**, 22 E. Washington St., Chicago, Ill.
 1913. Bailey, LeRoy H., 813 Kensington Road, Los Angeles, Cal.
 1893. Bailey, William M., 406 Breitmeyer Bldg., Detroit, Mich.
 1887. **BAILY, ALFRED W.**, 1809 Pacific Ave., Atlantic City, N. J.
 1913. Baines, Wilfred H., 325 W. Delaware Ave., Buffalo, N. Y.
 1913. Baird, Robert L., 101 1st St., Dixon, Ill.

BAXTER

1913. Baker, Albra W., Mifflintown, Pa.
 1908. Baker, Elven O., 112 E. Douglas St., Wichita, Kan.
 1905. Baker, Fredrica R., 4457 N. Paulina St., Chicago, Ill.
 1901. Baker, Harry B., 1 E. Grace St., Richmond, Va.
 1894. Baker, Jennie Van H., 512 Bedford Ave., Brooklyn, N. Y.
 1914. Baker, Rinaldo E., Belle Plaine, Kan.
 1900. Baker, William F., 1425 Spruce St., Philadelphia, Pa.
 1909. Baker, William H., 225 S. 5th St., Terre Haute, Ind.
 1913. Balcom, George G., Lake Wilson, Minn.
 1906. Balcom, John A., 203 Lewis St., Lynn, Mass.
 1913. Baldauf, Herman, 311 Brunswick Ave., Trenton, N. J.
 1911. Baldelli, Torquarto, Borgognissanti, 36, Florence, Italy.
 1913. Baldwin, Clarence A., 127 W. 3rd St., Peru, Ind.
 1892. Baldwin, Harry D., 215 Court St., Elyria, O.
 1909. Baldwin, John H., 344 Spring St., Jeffersonville, Ind.
 1913. Baldwin, Verne E., Amboy, Ind.
 1911. Baldwin, William P., 1145 Chapel St., New Haven, Conn.
 1899. Ball, Joseph H., Ann Arbor, Mich.
 1899. Balliett, Lorenzo, 1001 Atlantic Ave., Atlantic City, N. J.
 1911. Ballou, Harry B., State Hospital, Westboro, Mass.
 1892. Balyeat, Edmund A., Peck Bldg., Kalamazoo, Mich.
 1909. Banning, Edmund P., Box 343, Jacksonville, Fla.
 1911. Barber, Francis A., 515 W. Lincoln St., Estherville, Ia.
 1909. Barber, Gideon L., 1514 E. 65th St., Chicago, Ill.
 1915. Barbour, Nathan P., Clement St. & 6th Ave., San Francisco.
 1905. Barbour, Nathan R., Lockeford, Cal.
 1903. Bard, George P., Stafford Springs, Conn.
 1908. Barker, Alfred H., Brooklyn, Ia.
 1901. Barker, Caleb, Jr., 47 Maple Ave., New Rochelle, N. Y.
 1881. **BARKER, CLARENCE F.**, 3942 Ellis Ave., Chicago, Ill.
 1903. Barker, Emilie H. J., 149 Centre St., East Aurora, N. Y.
 1914. Barker, Walter C., 2820 Girard Ave., Philadelphia, Pa.
 1905. Barnard, Frank S., 621 Auditorium Bldg., Los Angeles, Cal.
 1891. Barnard, James S., 363 Oxford St., Rochester, N. Y.
 1900. Barndt, Milton A., Consol. Realty Bldg., Los Angeles, Cal.
 1912. Barnes, Florence L., 6150 Kenwood Ave., Chicago, Ill.
 1914. Barnes, Paul D., 109 Carpenter St., Grass Valley, Nevada Co., Cal.
 1915. Barnes, Van D., 2524 Jefferson Ave., E., Detroit, Mich.
 1900. Barnes, William E., 432 Columbia Rd., Boston, Mass.
 1894. Barnhill, Tobias G., 208 S. Main St., Findlay, O.
 1913. Barnhizer, Jay G., Forrest, Ill.
 1914. Barrett, Onie A., 1423 Locust St., Philadelphia, Pa.
 1914. Barrett, Wesley J., 510 Broadway, Camden, N. J.
 1905. Barry, George F., 1637 Chicago Ave., Evanston, Ill.
 1905. Barstow, Rhoda P., 4210 Irving Park Blvd., Chicago, Ill.
 1915. Bartholomew, Anna L., 1404 Hinman Ave., Evanston, Ill.
 1886. **BARTLETT, CLARENCE**, 1437 Spruce St., Philadelphia, Pa.
 1915. Bartlett, Clyde, 415 North Main St., Natick, Mass.
 1911. Bartlett, Edith V., 19 E. Milwaukee St., Janesville, Wis.
 1905. Bartlett, Frederick A., 23 S. Lake St., Aurora, Ill.
 1910. Bartlett, Mary E., 346 E. Grand Ave., Beloit, Wis.
 1911. Bartz, Leonard E., Windsor, Colo.
 1889. **BASCOM, HENRY M.**, 58 Mayer Bldg., Peoria, Ill.
 1903. Bassett, Alice H., 56 W. Cedar St., Boston, Mass.
 1892. Batchelder, Frederick P., 411 Massachusetts Ave., Boston, Mass.
 1907. Batchelder, Hollis G., 30 Court St., Dedham, Mass.
 1911. Bates, Martha B., 141 Benefit St., Providence, R. I.
 1905. Battin, James F., Marshalltown, Ia.
 1912. Baudry, George, 506 Commercial St., Atchison, Kan.
 1868. **BAXTER, HARRIS H.**, 1021 Prospect Ave., S. E., Cleveland, O.

BAYLIES

1867. **BAYLIES, BRADFORD L. B.**, 418 Putnam Ave., Brooklyn, N. Y.
1915. Beach, Estelle C., 29 E. 8th Ave., Gloversville, N. Y.
1913. Beals, Herbert, 188 Franklin St., Buffalo, N. Y.
1913. Beals, Hugh, 366 Prior Ave., St. Paul, Minn.
1914. Beardsley, Frank A., Chicago, Ill.
1908. Beatle, Charles A., 205 N. Maple St., Creston, Ia.
1902. Beattie, Joseph H., Dobbs Ferry, N. Y.
1912. Beaumont, John F., Medical Bldg., Portland, Ore.
1889. **BECKER, FREDERICK**, Clermont, Ia.
1888. **BECKER, FREDERICK J.**, 1525 Madison St., Atlantic, Ia.
1913. Becker, H. E., Ill. State Bank Bldg., Quincy, Ill.
1910. Becker, Roy A., Anita, Ia.
1905. Becker, William F., 324 S. Oakley Blvd., Chicago, Ill.
1906. Beckett, Ernest E., 317 Lumber Exchange Bldg., Seattle, Wash.
1904. Beckwith, Sidney A., 275 Waburton Ave., Yonkers, N. Y.
1907. Bedford, Edwin R., 1142 Dean St., Brooklyn, N. Y.
1913. Beebe, Emma A., 5020 Maffit Ave., St. Louis, Mo.
1870. **BEEBE, EUGENE W.**, 173 Wisconsin St., Milwaukee, Wis.
1876. **BEEBE, HENRY E.**, Sidney, O.
1907. Beebe, Hugh McD., 815 Forest Ave., Ann Arbor, Mich.
1908. Beebe, Leslie W., 125 S. Oak Park Ave., Oak Park, Ill.
1913. Beeler, Jerome S., 3d and Main Sts., Evansville, Ind.
1899. Beeler, Margaret H., 1536 Welton St., Denver, Colo.
1909. Beeman, Corda E., 210 Widdicomb Bldg., Grand Rapids, Mich.
1910. Beers, Lila E., 1746 W. 35th St., Chicago, Ill.
1913. Belding, David L., 80 E. Concord St., Boston, Mass.
1913. Bell, Daniel W., Winslow, Ind.
1867. **BELL, JAMES S.**, 4321 W. Van Buren St., Chicago, Ill.
1911. Bell, Will O., Green Bldg., Seattle, Wash.
1901. Bell, Willard N., 6 Greene St., Ogdensburg, N. Y.
1877. **BELLOWS, HOWARD P.**, 220 Clarendon St., Boston, Mass.
1914. Belting, A. W., E. Hanover and Montgomery Sts., Trenton, N. J.
1915. Belyea, Florence R., 676 Washington St., Brookline, Mass.
1913. Benham, Frank A., 109 Marion St., Elkhart, Ind.
1915. Bennett, Carroll A., Yonkers Hom. Hosp., Yonkers, N. Y.
1905. Bennett, D. Gates, 107 Third Ave., San Francisco, Cal.
1897. Bennett, John Hillman, 306 High St., Pawtucket, R. I.
1889. **BENNETT, WILLIAM H.**, 39 Hartwell St., Fitchburg, Mass.
1906. Benson, Reuel A., 8 W. 49th St., New York, N. Y.
1908. Bentley, Herbert M., Sterling, Kan.
1909. Bentley, Neil L., 1159 D. Whitney Bldg., Detroit, Mich.
1909. Bergen, Everett D., Frankfort, Ind.
1872. **BERGHAUS, ALEX.**, 165 W. 91st St., New York, N. Y.
1892. Bergman, Nils, 4872 Winthrop Ave., Chicago, Ill.
1904. Bergolth, Christine, Chicago, Ill.
1915. Bernecker, Edward M., Metropolitan Hosp., New York, N. Y.
1905. Bernstein, Ralph, 37 S. 19th St., Philadelphia, Pa.
1897. Besemer, Howard B., 232 S. Albany St., Ithaca, N. Y.
1893. Besemer, Martin, 116 E. State St., Ithaca, N. Y.
1913. Besser, Emil, Remington, Ind.
1911. Besson, John H., Medical Bldg., Portland, Ore.
1915. Besson, Linford S., Sellwood Hospital, Portland, Ore.
1890. **BEST, GEORGE B.**, 34 Church St., Englewood, N. J.
1910. Betow, Emma J., 10 Woosung Road, Shanghai, China.
1906. Betts, Norman S., 1609 Girard Ave., Philadelphia, Pa.
1909. Bevington, Harry G., 472 Field St., Detroit, Mich.
1909. Biddinger, Aretas E., 756 Rose Bldg., Cleveland, O.
1906. Biddle, Jesse T., 22 N. Main St., Washington, Pa.
1912. Bidwell, Glen I., 809 South Ave., Rochester, N. Y.
1901. Bierbauer, Bruno W., 47 Pierrepont St., Brooklyn, N. Y.

BOWERS

1906. Bierman, Henry, 38 W. 4th St., Bloomsburg, Pa.
1868. **BIGGAR, HAMILTON F.**, 1110 Euclid Ave., Cleveland, O.
1913. Billings, Robert A., Ord, Neb.
1871. **BINGAMAN, CHAS. F.**, 7040 Hamilton Ave., Pittsburgh, Pa.
1900. Bingham, A. H., Euclid Hall, Brdwy & 86th St., New York, N. Y.
1909. Bingham, Harry V., State Hospital, Madison, N. J.
1892. Bingham, Russell, 62 Day St., Fitchburg, Mass.
1905. Binnewies, Frank C., 207 Jackman Blk., Janesville, Wis.
1895. Birch, Charles E., White Plains, N. Y.
1905. Birdsall, Gregg C., 1832 Kalorama Rd., Washington, D. C.
1895. Birdsall, Thomas P., Pawling, N. Y.
1903. Bishop, Channing, Bristol, N. H.
1909. Bishop, Frank D., 207 First National Bk. Bldg., Long Beach, Cal.
1910. Bishop, Herbert F., 104 E. Main St., Alhambra, Cal.
1869. **BISHOP, HERBERT M.**, 2627 Hoover St., Los Angeles, Cal.
1899. Bishop, Hudson D., 760 Rose Bldg., Cleveland, O.
1911. Bishop, John S., Forest Grove, Ore.
1912. Bishop, Minnie R., Chicago Beach Hotel, Chicago, Ill.
1891. Bishop, William H., 667 Madison Ave., New York, N. Y.
1893. Bissell, Elmer J., 75 S. Fitzhugh St., Rochester, N. Y.
1906. Bitler, Joseph C., 325 Bellevue Ave., Hammon, N. J.
1907. Blackburn, William J., 1111 Wayne Ave., Dayton, O.
1901. Blackman, William W., 519 Clinton Ave., Brooklyn, N. Y.
1912. Blackmarr, Frank H., 25 E. Washington St., Chicago, Ill.
1912. Black-Reznor, Lucy H., 129 W. 8th St., Erie, Pa.
1911. Blackshaw, Jos. B., Sebastopol, Cal.
1909. Blackstone, Bigelow P., Lindsay, Mont.
1893. Blackwood, Alexander L., 9151 Commercial Ave., Chicago, Ill.
1913. Blaha, George A., Box 59, R. F. D., Roxbury, Conn.
1902. Blair, Thos. L., 134 W. High St., Waynesburg, Pa.
1906. Blake, Eva M., 190 Maplewood Ave., Philadelphia, Pa.
1913. Blakeslee, M. O., Parma, Mich.
1894. Blanke, Theodore F., 615 N. 8th St., Garden City, Kan.
1913. Blesse, F. A., 850 Barry Ave., Chicago, Ill.
1914. Blew, Edgar M., Hahn. Hospital, Philadelphia, Pa.
1887. **BLODGETT, STEPHEN H.**, 419 Boylston St., Boston, Mass.
1913. Bloomington, Frances D., 6132 Kenwood Ave., Chicago, Ill.
1913. Blosser, John R., 518 E. 20th Ave., Denver, Colo.
1894. Blouke, Milton B., 2907 W. Washington Blvd., Chicago, Ill.
1894. Blunt, Arthur W., 323 5th Ave., Clinton, Ia.
1893. Boardman, Edgar W., 115 S. Central Ave., Parsons, Kan.
1895. Boericke, Felix A., 1011 Arch St., Philadelphia, Pa.
1883. **BOERICKE, WILLIAM**, Galen Bldg., San Francisco, Cal.
1901. Bogardus, Charles S., Clinton, Ill.
1915. Boger, Mattibelle, Mass. Hom. Hosp., Boston, Mass.
1915. Boggess, Wm. B., 4919 Center Ave., Pittsburg, Pa.
1909. Boies, William A., 507 Church Ave., W., Knoxville, Tenn.
1892. Boileau, John D., 804 Lehigh Ave., Philadelphia, Pa.
1908. Boldemann, Lillie, 2624 Sutter St., San Francisco, Cal.
1915. Books, Benjamin F., 25 Trust Bldg., Altoona, Pa.
1908. Boolsen, Sophus, 211 Dalziel Bldg., Oakland, Cal.
1913. Boone, Jesse F., 551 E. 47th St., Chicago, Ill.
1909. Booth, Albert E., 2604 S. Fremont St., Minneapolis, Minn.
1901. Bornmann, Alfred, 438 Greene Ave., Brooklyn, N. Y.
1914. Bose, Bejoy K., 13 Gomes Lane, P. O. Intally, Calcutta, India.
1915. Bose, Prafulla K., 36 Hull St., Boston, Mass.
1915. Bostick, Ida M., 223 W. 72nd St., Chicago, Ill.
1911. Bourne, Philip H., 21 Wildwood Ave., Salamanca, N. Y.
1911. Bowen, Horace, 2801 Boulevard, Jersey City, N. J.
1911. Bowers, Isaac H., 215 Jefferson Ave., Indianapolis, Ind.

BOWES

1910. Bowes, Charles C., Greenville, Tex.
1914. Bowie, Eleazar R., Hom. Hosp., Pottstown, Pa.
1913. Bowie, Robert C., White Bldg., Fort Morgan, Colo.
1908. Bowman, Frederick C., 119 6th Ave. W., Duluth, Minn.
1913. Bowman, Stuart H., 571 Park Ave., New York City.
1912. Boyd, Clarence LaV., 300 Lock St., Tarentum, Pa.
1915. Boyd, James J., Sarcoxie, Mo.
1870. **BOYER, FRANCIS W.**, Pottsville, Pa.
1915. Boyer, Ulysses S., Ada, Kan.
1901. Boyle, Charles C., 41 E. 41st St., New York, N. Y.
1914. Boynton, L. R., 115 Park Ave., Mt. Vernon, N. Y.
1909. Boynton, Solon R., Exchange Bldg., Bellingham, Wash.
1913. Boynton, William E., 22 E. Washington St., Chicago, Ill.
1913. Bracken, Lawson E., 313½ Washington St., Columbus, Ind.
1908. Bradford, Eli, 602 18th St., Rock Island, Ill.
1900. Bradford, George M., Mount Morris, Pa.
1869. **BRADFORD, THOS. L.**, 1862 Frankford Ave., Philadelphia, Pa.
1908. Bradner, John C., 837 Madison Ave., New York, N. Y.
1915. Bradt, Elizabeth G., 179 Lake Ave., Rochester, N. Y.
1912. Brady, Adda H., 1276 W. 110th St., Cleveland, O.
1905. Branen, Frank, 3521 W. Monroe St., Chicago, Ill.
1895. Branson, Joseph H., 1428 Mass. Ave., N. W., Washington, D. C.
1891. Branson, Mary, 1504 Locust St., Philadelphia, Pa.
1911. Brant, Cornelia C., 91 Macon St., Brooklyn, N. Y.
1911. Brase, Ferdinand, Jackson, Mo.
1895. Bray, Amanda C., 2 Trowbridge Road, Worcester, Mass.
1905. Bray, Henry T., 1216 Carmen Ave., Chicago, Ill.
1889. **BRAY, NICHOLAS**, 1024 Iowa St., Dubuque, Ia.
1905. Bremen, Murrice N., Roxbury, Kan.
1913. Brenizer, Nelson O., 106 W. 7th St., Austin, Tex.
1907. Brennan, Francis E., 256 Barclay St., Flushing, N. Y.
1912. Bresee, C. J., Hoopeston, Ill.
1913. Breuer, David, 901 Stevens Bldg., Portland, Ore.
1901. Brewster, George F., 1119 Spruce St., Philadelphia, Pa.
1912. Brickley, Edward W., 129 E. Market St., York, Pa.
1912. Briggs, Herron G., 213 Grandview Ave., Pittsburgh, Pa.
1893. Briggs, J. Emmons, 477 Beacon St., Boston, Mass.
1893. Brigham, Homer C., 401 Terrace Ave., Grand Rapids, Mich.
1914. Brodhead, Wm. F., 272 W. 119th St., New York, N. Y.
1908. Brokhaus, Maria H., 500 Hudson St., Hoboken, N. J.
1912. Brooke, John A., 321 E. 42d St., New York, N. Y.
1915. Brooks, Ida J., 219 E. 10th St., Little Rock, Ark.
1908. Brooks, Joseph S., 135 Stockton St., San Francisco, Cal.
1913. Brooks, Samuel G., 508 Commercial Ave., Anacortes, Wash.
1893. Brooks, William F., Ordway, Col.
1899. Brosius, Mary A., 1334 Mass. Ave., N. W., Washington, D. C.
1911. Brown, Amy E., 5354 W. 38th St., Denver, Colo.
1907. Brown, Chester R., Metropolitan Hosp., New York, N. Y.
1898. Brown, Ernest C., Second and State Sts., Madrid, Ia.
1893. Brown, Eugene A., Carroll Block, Madison, Wis.
1905. Brown, Flora A., 517 Dekum Bldg., Portland, Ore.
1905. Brown, Frank E., 405 Matthews Bldg., Milwaukee, Wis.
1910. Brown, George L., 3805 Ellis Ave., Chicago, Ill.
1906. Brown, James B., Wyoming Bldg., Denver, Colo.
1908. Brown, Laura J., 313 Little Bldg., Lincoln, Neb.
1911. Brown, Luther A., 690 Congress St., Portland, Me.
1891. Brown, M. Belle, Troy, O.
1914. Brown, McCarter, 32 Park Ave., Yonkers, N. Y.
1896. Brown, Plumb, 503 State St., Springfield, Mass.
1911. Brown, Samuel A., 407 Yamhill St., Portland, Ore.

CAMERON

1898. Brown, Samuel G. A., 112 E. King St., Shippensburg, Pa.
 1914. Browne, Chas. F., 211 Sixth St., Racine, Wis.
 1909. Browne, Judson F., 1037 N. Goodman St., Rochester, N. Y.
 1914. Brownell, Gladys H., 7 Irwin St., Winthrop, Mass.
 1905. Bruce, Edward M., 5331 Dorchester Ave., Chicago, Ill.
 1893. Bruce, Ida N., 1156 Springfield Ave., Irvington, N. J.
 1913. Brucker, Karl B., Ionia, Mich.
 1913. Brunjes, Dick G., Dayton, Wash.
 1894. Bryan, Joseph H., 221 Asbury Ave., Asbury Park, N. J.
 1910. Bryant, Charles P., 904 Cobb Bldg., Seattle, Wash.
 1895. Bryant, Edgar R., 350 Post St., San Francisco, Cal.
 1908. Bryant, Felix V., Martin's Mills, Tex.
 1912. Buchanan, Helen M., 6546 Woodlawn Ave., Chicago, Ill.
 1894. Buchanan, T. Drysdale, 210 W. 57th St., New York, N. Y.
 1869. **BUCK, JIRAH D.**, Traction Bldg., Cincinnati, O.
 1913. Buck, William J., 15-19 Graham Bldg., Gainesville, Fla.
 1900. Buckholz, Louise Z., 73 St. Mark's Pl., New York, N. Y.
 1914. Buckley, James B., The Powelton, 36th and Powelton Ave., West Philadelphia, Pa.
 1911. Bucklyn, John K., 58 E. Main St., Mystic, Conn.
 1898. Budlong, Martin S., 604 Westminster St., Providence, R. I.
 1910. Buell, Arthur W., 1273 E. 1st St., Long Beach, Cal.
 1873. **BUFFUM, JOSEPH H.**, 608 Head Bldg., San Francisco, Cal.
 1887. **BULLARD, J. ARTHUR**, 200 S. Franklin St., Wilkes-Barre, Pa.
 1911. Bungardt, Carl S., 602 1st National Bank Bldg., Fort Smith, Ark.
 1914. Bunker, Media A., 3206 Prospect Ave., Cleveland, O.
 1903. Bunn, Frank C., 22 Hillyer St., East Orange, N. J.
 1912. Bunte, Louis E., 3203 Sullivan Ave., St. Louis, Mo.
 1914. Burch, Edward J., 606 S. Main St., Carthage, Mo.
 1913. Burdick, A. Lovelle, 221 Hayes Block, Janesville, Wis.
 1913. Burdick, Jesse R., Boulder, Colo.
 1911. Burke, Robert H., West Burke, Vt.
 1899. Burnham, Norman G., 708 14th St., Denver, Colo.
 1913. Burnite, John T., 1718 State St., Harrisburg, Pa.
 1903. Burpee, Carroll C., 47 Washington St., Malden, Mass.
 1915. Burr, Harold L., Grace Hospital, New Haven, Conn.
 1915. Burrell, Henry J., State Bank Bldg., Benton Harbor, Mich.
 1906. Burrett, Claude A., Ohio State University, Columbus, O.
 1886. **BURRITT, ALICE**, 1129 14th St., N. W., Washington, D. C.
 1899. Burritt, Martha C., 1855 Calvert St., N. W., Washington, D. C.
 1909. Burt, Clarence E., 100 Elm St., New Bedford, Mass.
 1911. Burt, James E., 251 W. 81st St., New York, N. Y.
 1915. Burton, Clarence H., 92 Broadway, Detroit, Mich.
 1899. Busenbark-Harbach, Lucy M., 901 5th St., Des Moines, Ia.
 1905. Butler, Alice, 808 Rose Bldg., Cleveland, O.
 1873. **BUTLER, WILLIAM M.**, 507 Clinton Ave., Brooklyn, N. Y.
 1914. Butterfield, Arey A., 36 Pennington Ave., Passaic, N. J.
 1905. Bywater, William L., 8 N. Clinton St., Iowa City, Ia.
 1892. Cahill, Eliza B., The Westminster, Copley Sq., Boston, Mass.
 1913. Cain, Daniel B., 1111 Main St., Evansville, Ind.
 1914. Calderwood, Edward S., 223 Warren St., Roxbury, Mass.
 1895. Calderwood, Samuel H., 221 Warren St., Boston, Mass.
 1913. Caldwell, Robert W., 212 Pearl St., Jackson, Ohio.
 1897. Calhoun, John C., 6116 Jenkins Arcade, Pittsburgh, Pa.
 1905. Calvert, Joseph W., 608 Peoples Bank Bldg., Bloomington, Ill.
 1913. Calvert, Sarah E., 316 Masonic Temple, Denver, Colo.
 1904. Cameron, Anson, Reliance Bldg., Chicago, Ill.
 1915. Cameron, George D., Chagrin Falls, Ohio.
 1905. Cameron, Hugh A., 314 W. Main St., Waterbury, Conn.
 1899. Cameron, Ida B., 101 25th St., San Francisco, Cal.

CAMPBELL

1899. Campbell, Duncan, 130 S. Broad St., Woodbury, N. J.
1894. Campbell, Eugene, Laughlin Bldg., Los Angeles, Cal.
1876. **CAMPBELL, JAS. A.**, 206 Mermod-Jaccard Bldg., St. Louis, Mo.
1895. Campbell, Robert A., 403 Mason Block, Los Angeles, Cal.
1913. Canaday, Nathan F., Hagerstown, Ind.
1886. **CANDEE, JAMES W.**, 623 E. Genesee St., Syracuse, N. Y.
1910. Canfield, Arthur L., Dekum and Durham Aves., Portland, Ore.
1873. **CANFIELD, CORRESTA T.**, 105 E. Cleveland Ave., Pittsburg, Kan.
1905. Canfield, Martha A., 516 Rose Bldg., Cleveland, O.
1907. Carleton, Spencer, 28 Covert Pl., Flushing, N. Y.
1908. Carleton, Sprague, 75 W. 50th St., New York, N. Y.
1913. Carlin, Charles J., Pontiac, Ill.
1914. Carlson, Augusta N., 8 Curtis St., East Boston, Mass.
1910. Carman, Harriet W., 529 N. Patton St., Los Angeles, Cal.
1883. **CARMICHAEL, JOHN H.**, 41 Maple St., Springfield, Mass.
1891. Carmichael, Thos. H., 7127 Germantown Ave., Philadelphia, Pa.
1909. Carney, Earl M., 317 Lumber Exchange, Seattle, Wash.
1905. Carolus, William B., 405 1st Ave., Sterling, Ill.
1896. Caron, George G., 52 Davenport St., Detroit, Mich.
1906. Carpenter, Archibald D., 346 Pennsylvania St., Buffalo, N. Y.
1892. Carpenter, Willard B., 102 Buttles Ave., Columbus, O.
1891. Carr, Ada, 811 E. 23d St., Paterson, N. J.
1915. Carr, C. T., Somonauk, Ill.
1898. Carr, E. Arthur, 516 Bankers Life Bldg., Lincoln, Neb.
1903. Carr, George B., 4 Baker St., Lynn, Mass.
1899. Carr, Henry H., Pitman, N. J.
1882. **CARVILL, ALPHONSO H.**, 28 Highland Ave., Somerville, Mass.
1881. **CASE, ERASTUS E.**, 902 Main St., Hartford, Conn.
1910. Case, Lynn H., 1323 Third St., Santa Monica, Cal.
1913. Casseday, Frank F., 517 Dekum Bldg., Portland, Ore.
1901. Casselberry, Melville L., Morgantown, W. Va.
1903. Castle, Catharine W., 43 Florence St., Malden, Mass.
1913. Catron, William O., Times Bldg., Pekin, Ill.
1901. Cauffield, Edwin J., 250 W. Market St., Akron, O.
1913. Cavenee, Ebert L., 705 Broadway, Mt. Pleasant, Ia.
1901. Chamberlain, Nelson H., 350 29th St., Oakland, Cal.
1911. Chamberlin, Wade K., 132 S. Washington St., Tiffin, O.
1895. Champlin, Henry W., York Ave., Towanda, Pa.
1914. Champlin, Paul M., State Hom. Hosp., Collins, N. Y.
1913. Chandler, L. L., 8207 Cedar Ave., Cleveland, Ohio.
1913. Chandler, Melvin E., 206 The Dryden Bldg., Flint, Mich.
1901. Chandler, Thomas E., 19 Bay State Rd., Boston, Mass.
1905. Chaney, Edwin N., 914 E. Colorado St., Pasadena, Cal.
1910. Chapin, Anna D., 5336 N. Vista St., Los Angeles, Cal.
1891. Chapin, Edward, 21 Schermerhorn St., Brooklyn, N. Y.
1913. Chapman, Joseph B., 404 Hinkly Bldg., Seattle, Wash.
1875. **CHAPMAN, MILLIE J.**, Springboro, Crawford Co., Pa.
1901. Charles, Emily C., 51 W. 127th St., New York, N. Y.
1909. Chase, Daniel E., 70 Park St., Somerville, Mass.
1876. **CHASE, HERBERT A.**, 950 Massachusetts Av., Cambridge, Mass.
1899. Chase, J. Oscoe, 214 E. 53rd St., New York, N. Y.
1895. Chase, Joseph, Jr., 655 Broad St., East Weymouth, Mass.
1902. Chase, Sherman F., Caro, Mich.
1913. Cheeseman, William O., 4856 Evans Ave., Chicago, Ill.
1870. **CHENEY, BENJ. H.**, 316 Willow St., New Haven, Conn.
1914. Cheney, Harry C., 317 Main St., Palmer, Mass.
1890. **CHISLETT, HOWARD R.**, 3604 Grand Blvd., Chicago, Ill.
1915. Chisolm, William W., 530 Penn St., Huntingdon, Pa.
1891. Choate, Rufus, 3267 O St., N. W., Washington, D. C.

1913. Christine, Gordon M., 2043 N. 12th St., Philadelphia, Pa.
 1891. Church, Adaline B., Winchester, Mass.
 1912. Church, C. Herbert, 128 Prospect St., Passaic, N. J.
 1913. Church, J. L., 1419 Morse Ave., Chicago, Ill.
 1882. **CHURCH, THOMAS T.**, 60 Lincoln Ave., Salem, O.
 1915. Ciegotura, Anthony F., 3850 65th St., Cleveland, Ohio.
 1914. Citron, I. Jesse, 262 N. Flower St., Los Angeles, Cal.
 1909. Clapp, Arch B., Hershey Bldg., Muscatine, Ia.
 1903. Clapp, Herbert C., 419 Boylston St., Boston, Mass.
 1881. **CLAPP, JAMES W.**, 439 Boylston St., Boston, Mass.
 1913. Clapper, David, Box 77, Mooreland, Ind.
 1910. Clark, Bert B., 200 W. 86th St., New York, N. Y.
 1886. **CLARK, BYRON G.**, 251 W. 75th St., New York, N. Y.
 1915. Clark, Cecil W., 80 E. Concord St., Boston, Mass.
 1891. Clark, Charles W., 455 Huron St., Toronto, Ont.
 1909. Clark, Edward P., 1209 First Nat'l Bank Bldg., Pittsburgh, Pa.
 1910. Clark, Fay T., Waupun, Wis.
 1914. Clark, Harold B., 415 Altman Bldg., Kansas City, Mo.
 1908. Clark, Martha E., 426 State Bank Bldg., Omaha, Neb.
 1907. Clark, Mary E., Park Row and Kinderhook, Chatham, N. Y.
 1908. Clark, Peter S., 5013 Grand Blvd., Chicago, Ill.
 1913. Clark, William T., Ft. Atkinson, Wis.
 1913. Clarke, Charles P., 716 4th Ave., Laurel, Miss.
 1909. Clarke, Corwin S., 104 Rockwell St., Jackson, Mich.
 1909. Clarke, Harvey L., Fairbury, Neb.
 1888. **CLARKE, HENRY L.**, 234 Main St., Andover, Mass.
 1913. Clarke, William B., 348 N. Hamilton St., Indianapolis, Ind.
 1901. Clawson, Frank A., Meadville, Pa.
 1887. **CLAYPOOL, ALBERT**, 2217 Fulton St., Toledo, O.
 1906. Clement, Edgar, Kings Highway West, Haddonfield, N. J.
 1914. Clement, Samuel A., Mass. Hom. Hosp., Brighton, Mass.
 1909. Clendon, Clara K., 3704 Prospect Ave., Cleveland, O.
 1903. Clift, Edwin B., 4 Washington St., Fairhaven, Vt.
 1908. Cline, Alice B., 1704 Prospect Ave., Kansas City, Mo.
 1908. Cline, Permelia A., 1704 Prospect Ave., Kansas City, Mo.
 1908. Cliver, Paul M., 3019 Indiana Ave., Chicago, Ill.
 1913. Clopey, Mitchell C., 422 Warren St., Huntington, Ind.
 1907. Close, Stuart, 248 Hancock St., Brooklyn, N. Y.
 1888. **CLOSSEN, JAMES H.**, 53 W. Chelton Ave., Germantown, Philadelphia, Pa.
 1900. Cloud, Charles H., 5944 Chestnut St., Philadelphia, Pa.
 1914. Coates, Everett W., Main St., Farmington, N. H.
 1914. Cobb, Edward W., 2950 Lake Park Ave., Chicago, Ill.
 1890. **COBB, JOSEPH P.**, 5004 Drexel Blvd., Chicago, Ill.
 1898. Cobb, Sheridan G., 366 Prior Ave., St. Paul, Minn.
 1908. Coburn, Clay E., 908 Orville St., Kansas City, Kan.
 1909. Cocheu, Lindsley F., 39 W. 67th St., New York, N. Y.
 1911. Cochran, Mary J., 205 Lincoln Ave., Pittsburgh, Pa.
 1913. Cochran, Sophia L., 828 Oak St., Newton, Kan.
 1895. Coffin, John L., 220 Clarendon St., Boston, Mass.
 1911. Coffin, Mary E., 3823 California Ave., N. S., Pittsburgh, Pa.
 1913. Coffman, George W., 6701 Michigan Ave., St. Louis, Mo.
 1911. Coffman, Milton B., 3108 E. Broad St., Richmond, Va.
 1866. **COGSWELL, CHARLES H.**, 1011 2d Ave., Cedar Rapids, Ia.
 1906. Cogswell, John W., Johnson Bank Bldg., Iowa City, Iowa.
 1913. Cohen, Mark, 774 Prospect Ave., New York, N. Y.
 1900. Colburn, Frederick W., 230 Newbury St., Boston, Mass.
 1886. **COLBY, EDWIN A.**, 64 Pearl St., Gardner, Mass.
 1913. Cole, Alvinza B., Lincoln Ave., E., Fergus Falls, Minn.
 1903. Cole, Anna B. T., 34 Pearl St., E., Somerville, Mass.

COLE

1890. **COLE, BEDER A.**, Thorp, Clark Co., Wis.
 1902. Cole, George H., 311 Main St., Conneaut, O.
 1871. **COLE, HARLAN P.**, 1748 Broadway, New York, N. Y.
 1904. Cole, Hills, 1748 Broadway, New York, N. Y.
 1896. Cole, Sarah A., Lincoln, Kan.
 1901. Coleman, Daniel E. S., 101 W. 78th St., New York, N. Y.
 1895. Coleman, Ellenwood B., Centre St., Nantucket, Mass.
 1905. Coleman, Jennie M., 3514 2d St., Des Moines, Ia.
 1914. Coles, Howard L., 21 S. Broadway, Tarrytown, N. Y.
 1913. Collier, Clinton C., 9120 Commercial Ave., Chicago, Ill.
 1902. Collins, Allen B., Linesville, Pa.
 1901. Collins, Clinton D., 108 N. State St., Chicago, Ill.
 1913. Collins, Paul A., 229 W. Hanover St., Trenton, N. J.
 1913. Collins, P. Phelps, Grand Junction, Col.
 1915. Colmes, Abraham, 4 Fayston St., Roxbury, Mass.
 1899. Colt, Emily S., Mt. Washington, Mo.
 1895. Colvin, Harvey E., 150 Cherry St., Burlington, Vt.
 1894. Colwell, Charles E., 23 S. Lake St., Aurora, Ill.
 1913. Combes, Melville L., 3020 Euclid Heights Blvd., Cleveland, O.
 1905. Comins, James B., 6 Maple St., Springfield, Mass.
 1899. Compton, George W., 2022 Logan Ave., San Diego, Cal.
 1869. **COMPTON, J. AUGUSTINE**, 5448 E. Washington St., Indianapolis, Ind.
 1913. Comstock, Albert, 415 E. 18th St., Flatbush, N. Y.
 1876. **CONANT, THOMAS**, Gloucester, Mass.
 1911. Congdon, Charles F., Mystic, Conn.
 1915. Conger, Guy P., 120 N. Oak Park Ave., Oak Park, Ill.
 1894. Conklin, Frances C. D., 369 St. Paul's Ave., Steepleton, Staten Island, N. Y.
 1915. Conley, Harry D., Wom. Hom. Hosp., 20th & Dauphin Sts., Philadelphia, Pa.
 1895. Connett, George C., 87 South St., Morristown, N. J.
 1910. Connett, Wm. S., Mendelson Block, Raton, N. Mexico.
 1914. Conrad, Arthur C., Metrop. Hosp., New York, N. Y.
 1913. Conrad, G. Walter H., 3452 N. 8th St., Philadelphia, Pa.
 1911. Conrow, Matthias W., 31 Maple St., Springfield, Mass.
 1911. Cook, Edgar P., Granville, O.
 1902. Cook, W. Caspar, 501 Bijou Bldg., Pittsburgh, Pa.
 1892. Cooke, Mary A., 2113 N. 18th St., Philadelphia, Pa.
 1886. **COOKE, PERSIFET M.**, 1290 Race St., Denver, Col.
 1913. Cooley, David B., 223 King's St., Pottstown, Pa.
 1909. Coolidge, Maria B., 37 Forest Apartments, Detroit, Mich.
 1895. Coon, George S., 558 Fourth Ave., Louisville, Ky.
 1900. Coon, Marion, 483 Beacon St., Boston, Mass.
 1898. Coons, Henry N., 404 E. Pearl St., Lebanon, Ind.
 1908. Cooper, Charles M., Chatfield, Minn.
 1894. Cooper, William H., Box 140, Oakmont, Pa.
 1913. Copeland, Asa F., Women's Hom. Hosp., Philadelphia, Pa.
 1901. Copeland, Elmer H., 168 Elm St., Northampton, Mass.
 1892. Copeland, Royal S., 58 Central Park, W., New York, N. Y.
 1907. Corey, Harry S., 18 W. Grace St., Richmond, Va.
 1905. Cornell, John W., 4636 Vincennes Ave., Chicago, Ill.
 1912. Cornell, Mary C., 4636 Vincennes Ave., Chicago, Ill.
 1906. Cornell, Van Alstyne H., 41 W. State St., Trenton, N. J.
 1905. Cornwell, Frank W., 207 E. 7th St., Plainfield, N. J.
 1913. Corr, Francis X., 80 Magnolia St., Boston, Mass.
 1914. Corson, Allen, 816 Wesley Ave., Ocean City, N. J.
 1894. Cort, Lottie A., 89 Division Ave., Brooklyn, N. Y.
 1892. Costain, Thomas E., 29 E. Madison St., Chicago, Ill.
 1913. Cottingham, Walter L., Paxton, Ill.

DAVIDDOW

1914. Cottrell, Judson G., 288 Madison Ave., Perth Amboy, N. J.
 1914. Cottrell, Samuel S., 2nd, 617 Chamberlayne Ave., Richmond, Va.
 1911. Cottrell, Willard, 287 Mortimer Ave., Rutherford, N. J.
 1911. Couch, Arthur R., 42 Sumner St., Hartford, Conn.
 1877. **COUCH, ASA S.**, 60 Green St., Fredonia, N. Y.
 1892. Cowell, Joseph H., 301 S. Warren Ave., Saginaw, Mich.
 1913. Cowley, William, Center and S. Highland Aves., Pittsburgh, Pa.
 1875. **COWPERTHWAIT, ALLEN C.**, 630 Auditorium Bldg., Los Angeles, Cal.
 1894. Cox, Edward G., 261 State St., Albany, N. Y.
 1894. Cox, Frederick J., 99 Washington Ave., Albany, N. Y.
 1911. Craig, James W., Larimer Co. Bank Bldg., Loveland, Col.
 1911. Craig, John P., 708 Madison St., Chester, Pa.
 1898. Cramer, William E., 308 Shukert Bldg., Kansas City, Mo.
 1878. **CRANCH, EDWARD**, 109 W. 9th St., Erie, Pa.
 1903. Crane, Clarence, 224 Huntington Ave., Boston, Mass.
 1874. **CRANK, CHAS. D.**, 2405 Auburn Ave., Cincinnati, O.
 1883. **CRAWFORD, ALEX. K.**, 810 Union Sav. Bk. Bldg., Oakland, Cal.
 1912. Crawford, John J., 1230 State St., Coraopolis, Pa.
 1913. Crawford, Julia T. H., 139 E. Market St., York, Pa.
 1909. Crecelius, William A., Masonic Temple, Sandusky, O.
 1905. Critchlow, George R., 647 Lafayette Ave., Buffalo, N. Y.
 1910. Crooks, N. P., Merchants' Nat'l Bank Bldg., San Francisco, Cal.
 1913. Crooks, William A., 305 Robinson Bldg., Rock Island, Ill.
 1912. Cropsey, Charles D., 60 Donaldson Ave., Rutherford, N. J.
 1885. **CROSBY, GEORGE W.**, 117 St. Charles Pl., Atlantic City, N. J.
 1911. Cross, Albert E., 1045 Slater Bldg., Worcester, Mass.
 1912. Crowe, Thos. J., 908 Browder St., Dallas, Tex.
 1891. Crowther, Isaac, 800 Madison St., Chester, Pa.
 1901. Crum, Harry H., 116 E. State St., Ithaca, N. Y.
 1894. Crumrine, Charles G., 1444 Majestic Bldg., Detroit, Mich.
 1905. Crump, Walter G., 837 Madison Ave., New York, N. Y.
 1905. Crutcher, Lewis P., Long Beach, Cal.
 1900. Culin, William D., 820 N. 41st St., Philadelphia, Pa.
 1912. Culver, Forest E., 919 Belden Ave., Chicago, Ill.
 1894. Cummings, Charles S., 40 Oak St., Middleboro, Mass.
 1881. **CUMMINGS, M. LOUISA**, 12 Tolman Pl., Roxbury, Boston, Mass.
 1911. Cummins, Mary G., 653 E. 25th St., Paterson, N. J.
 1909. Cuningham, Arthur L., 745 Wesley Ave., Oakland, Cal.
 1912. Curry, George R., 415 Walnut St., Reading, Pa.
 1902. Curtis, Helen E., 314 2d St., Marietta, O.
 1909. Cushing, Guy M., 6400 Harvard Ave., Chicago, Ill.
 1894. Cushman, Mary F., Farmington, Me.
 1889. **CUSTIS, GEORGE W. N.**, 110 E. Capitol St., Washington, D. C.
 1907. Custis, James B. G., 912 15th St., N. W., Washington, D. C.
 1892. Custis, Marvin A., 626 E. Capitol St., Washington, D. C.
 1900. Cyphers, Edward O., 378 Washington Ave., Belleville, N. J.
 1881. **DAKE, CHARLES**, 121 Park Ave., Hot Springs, Ark.
 1887. **DAKE, FRANK B.**, 502 Dugan-Stuart Bldg., Hot Springs, Ark.
 1877. **DAKE, WALTER M.**, 408 Dugan-Stuart Bldg., Hot Springs, Ark.
 1902. Damon, George J., Medina, O.
 1909. Danforth, Josephine M., 1761 E. 68th St., Cleveland, O.
 1879. **DANFORTH, LOOMIS L.**, 49 W. 52d St., New York, N. Y.
 1914. Daniels, Louis R., 246 Central Ave., Pawtucket, R. I.
 1914. Darling, Milton A., 1111 E. Washington St., Ann Arbor, Mich.
 1908. Dart, James M., 553 E. 2d St., Salt Lake City, Utah.
 1909. Datesman, Hiram F., 97 Bloomfield Ave., Passaic, N. J.
 1915. Dauphin, Henry F., 13 Eagle St., Newburyport, Mass.
 1913. Davey, Harry E., 75 Winter St., Keene, N. H.
 1905. Daviddow, Thancy J., 572 48th St., Brooklyn, N. Y.

DAVIES

1908. Davies, George A., 359 St. James Bldg., Jacksonville, Fla.
 1908. Davis, Delmer L., 619 City National Bank Bldg., Omaha, Neb.
 1906. Davis, Edwin T., Somerset St., Bound Brook, N. J.
 1875. DAVIS, FIELDING L., 209 Locust St., Evansville, Ind.
 1908. Davis, Fred H., South and Center Sts., Lyndonville, Vt.
 1899. Davis, Frederick A., 80 Huntington Ave., Boston, Mass.
 1915. Davis, Harry H., Monroe Center, Ill.
 1878. DAVIS, JOHN E. L., 743 Madison Ave., New York, N. Y.
 1899. Davis, Thomas S., 603 Park Ave., Plainfield, N. J.
 1912. Dawe, Denias, Monroe, Mich.
 1909. Dawley, Byron W., 701 Cherry St., Toledo, O.
 1910. Day, Chas. H., Dayton, Wash.
 1891. Day, Leonidas A. L., 29 E. Madison St., Chicago, Ill.
 1913. Dean, D. Hager, Rushville, Ind.
 1914. Dean, Horace B., 202 Oak St., Audubon, N. J.
 1897. Dean, Louis W., Gardner Bldg., Utica, N. Y.
 1905. Dearborn, Ella K., 800 Union Ave., Portland, Ore.
 1900. Dearborn, Frederick M., The Wyoming, 55th and 7th Ave., New York, N. Y.
 1913. De Bey, Cornelia B., 32 N. State St., Chicago, Ill.
 1909. de Blois, Rhoda F., 102 Gladwin Bldg., Detroit, Mich.
 1888. DEFENDORF, JOHN J., Ionia, Mich.
 1913. Deffendall, William B., 616 Main St., Washington, Ind.
 1912. DeHoff, J. Edmund, York, Pa.
 1881. DEMAREST, JOHN H., 1 Ridgewood Ave., White Plains, N. Y.
 1908. Denman, Ira O., 424 Ohio Bldg., Toledo, O.
 1869. DENNIS, LABAN, 49 Ridge St., Orange, N. J.
 1890. DENNISON, IRA W., 102 The Wyoming, Washington, D. C.
 1891. DePuy, Richard G., Jamestown, N. D.
 1858. DETWILLER, JOHN J., Easton, Pa.
 1915. Deuel, Jacob B., Chittanooga, N. Y.
 1908. DeVasher, Lela H., 511 W. Broadway, Muskogee, Okla.
 1911. DeVighne, Harry C., Juneau, Alaska.
 1902. DeVitt, Frederick W., Deep River, Conn.
 1909. Dewar, Hugh M., 5751 Indiana Ave., Chicago, Ill.
 1912. Dewey, Carlyle W., Conneaut, Ohio.
 1889. DEWEY, WILLIS A., 809 Catherine St., Ann Arbor, Mich.
 1905. Dickinson, Almer E., 52 S. 5th St., San Jose, Cal.
 1913. Dickinson, Jesse D., Galva, Ill.
 1909. Dicks, J. Oscar, 28 S. High St., West Chester, Pa.
 1909. Diebel, Wm. H., 992 Gratiot Ave., Detroit, Mich.
 1900. Dieffenbach, William H., 256 W. 57th St., New York, N. Y.
 1913. Diehl, Harold E., 1244 Hancock St., Quincy, Mass.
 1899. Diemar, Lena H., North St., Walpole, Mass.
 1909. Dienst, George E., 26 S. River St., Aurora, Ill.
 1915. Diessner, Henry D., Chaska, Minn.
 1914. Dillenback, Emil U., 14 Palmer Ave., Springfield, Mass.
 1893. Dillingham, Thomas M., 8 W. 49th St., New York, N. Y.
 1908. Dillon, Joseph G., 620 Front St., Fargo, North Dakota.
 1887. DILLS, MALCOLM, Carlisle, Ky.
 1878. DINSMORE, SAMUEL W. S., 1340 Middle St., Sharpsburg, Pa.
 1913. Dionysius, Henry J., 125 E. Adams Ave., Kirkwood, Mo.
 1907. Dixey, Mabel G., 818 Garrison St., Fremont, O.
 1914. Dixon, Chas. A., 707 Second Natl. Bldg., Akron, Ohio.
 1914. Dixon, William W., 894 E. Market St., Akron, Ohio.
 1909. Doan, Edward B., 202 E. Central Ave., Miamisburg, Ohio.
 1904. Doane, William H., 133 Clinton Ave., S., Rochester, N. Y.
 1913. Dodge, Rufus E., 3300 Cottage Grove Ave., Chicago, Ill.
 1914. Dods, Abraham W., 66 E. Main St., Fredonia, N. Y.
 1911. Dominick, George C., 70 W. 55th St., New York, N. Y.

ELLIS

1901. Doremus, Widner E., 106 Midland Ave., Arlington, N. J.
1914. Dorrr, Henry B., 67 Main Ave., Ocean Grove, N. J.
1913. Doubrava, Joseph F., 427 Erie Bldg., Cleveland, Ohio.
1914. Douds, Edward H., 1208 8th Ave., Beaver Falls, Pa.
1913. Douglass, Atwater L., 226 Empire Bldg., Denver, Colo.
1913. Dow, George H., 913 Market St., Chehalls, Wash.
1897. Dowling, J. Ivimey, 116 Washington Ave., Albany, N. Y.
1905. Downer, Abner G., 515 S. Main St., Princeton, Ill.
1904. Downing, Dana F., Box 364, Warren, Ill.
1913. Downs, Elwood E., Hom. Hosp., Franklin and Thompson Sts., Philadelphia, Pa.
1913. Downs, Joseph M., 4127 N. Paulina St., Chicago, Ill.
1911. Drahos, Vlasta H., 415 Seventh Ave., E., Cedar Rapids, Ia.
1903. Drake, Harlow B., 32 Adams Ave., Detroit, Mich.
1911. Drake, J. C. Merle, 720 Sassafras St., Erie, Pa.
1871. **DRAKE, OLIN M.**, 1767 Commonwealth Ave., Boston, Mass.
1900. Drury, Alfred, 1st Natl. Bank Bldg., Princeton, N. J.
1912. DuBois, Willard C., 604 S. Warren St., Syracuse, N. Y.
1915. Duckworth, Roy D., 44 Lefferts Place, Brooklyn, N. Y.
1912. Duckworth, Willard D., 33 Grand St., White Plains, N. Y.
1914. Dudley, Erwin F., Sandwich, Ill.
1905. Dudley, Frederick J., Decatur, Ill.
1905. Dueringer, Henry W., 161 Chicago St., Elgin, Ill.
1892. Duffield, Alfred M., Huntsville, Ala.
1911. Duncan, Charles H., 233 Lexington Ave., New York, N. Y.
1915. Duncan, Earl S. Hahn. Hosp., Philadelphia, Pa.
1914. Duncan, Frank, Paxton, Ill.
1913. Duncan, G. B., 117 N. Tremont St., Kewanee, Ill.
1895. Dunlevy, Rita, 328 W. 57th St., New York, N. Y.
1891. Dunn, Charles N., 300 E. Broadway, Centralia, Ill.
1909. Dunne, Harold E., 1344 G St., N. W., Washington, D. C.
1906. Dunning, Thos. S., 1328 N. 15th St., Philadelphia, Pa.
1914. Dunton, Allen H., 2810 Madison Rd., Cincinnati, O.
1908. Durham, Clarence J., 93 W. Western Ave., Muskegon, Mich.
1905. Durin, James M., Steward, Ill.
1912. Duvall, Oliver N., 1817 N. Fulton Ave., Baltimore, Md.
1891. Dwinnell, Byron L., Taunton, Mass.
1913. Earel, Albert M., Hoopes-ton, Ill.
1897. Earl, George H., 1138 Boylston St., Boston, Mass.
1910. Eaton, Caroline, Cambridge, Ill.
1895. Eaton, Samuel L., 340 Lake Ave., Newton Highlands, Mass.
1910. Ebbs, Bertha E., 494 Washington St., Dedham, Mass.
1915. Eberhard, Harry M., 1823 Chestnut St., Philadelphia, Pa.
1902. Eckl, Simon P., Mansfield, O.
1897. Eddy, Ermina C., 500 William St., Elmira, N. Y.
1905. Edgar, John F., 15 Morehouse Block, El Paso, Tex.
1903. Edgar, William L., 503 Main St., Athol, Mass.
1913. Edmonds, Enos A., Hebron, Ind.
1911. Edmundson, Francis B., 3509 Fifth Ave., Pittsburgh, Pa.
1914. Edmundson, Thomas P., 3509 Fifth Ave., Pittsburgh, Pa.
1871. **EDMUNDSON, WALTER F.**, 3509 Fifth Ave., Pittsburgh, Pa.
1895. Edwards, Franklin W., 26 Hamilton St., Southbridge, Mass.
1912. Ege, John, 142 N. 8th St., Reading, Pa.
1912. Eha, Charles E., 2648 Erie Ave., Cincinnati, O.
1905. Eikenberry, B. Franklin, Peru, Ind.
1903. Ekins, Frank P., 25 Church St., Paterson, N. J.
1905. Eldridge, Cornelius S., 140 N. State St., Chicago, Ill.
1913. Eldridge, G. Perry, 153 Seyman St., Hartford, Conn.
1901. Elliott, John D., 1421 Spruce St., Philadelphia, Pa.
1913. Ellis, Clifton D., 12214 Detroit Ave., Lakewood, O.

ELMS

1913. Elms, Byron C., 4530 N. Albany Ave., Chicago, Ill.
1915. Ely, William L., Fredericktown, Ohio.
1895. Emerson, Frederick L., 416 Marlborough St., Boston, Mass.
1891. Emerson, Nathaniel W., 295 Commonwealth Ave., Boston, Mass.
1914. Emery, Robert L., 54 Broadway, Rockport, Mass.
1895. Emery, Winfred N., 808 Main St., Waltham, Mass.
1914. Emmel, Alfred C., 111 Second Ave., Mt. Vernon, N. Y.
1911. Engelbrecht, John, Stony Hill, Mo.
1912. Engle, Howard M., 1140 Filbert St., San Francisco, Cal.
1911. Ensey, W. Webster, 317 S. Brown St., Dayton, O.
1897. Erb, Peter, 32 Palace Arcade, Buffalo, N. Y.
1894. Erni, G. Oscar, 809 E. Spring St., New Albany, Ind.
1901. Erwin, William, 4844 Cedar Ave., Philadelphia, Pa.
1905. Eshbaugh, Aaron S., 195 Court St., Kankakee, Ill.
1913. Espach, W. Clark, Navy Dept., Washington, D. C.
1913. Esposito, Antonio, Hammononton, N. J.
1914. Eubank, J. Nelson, Rhame, N. D.
1911. Evans, George E., Averill Pl., Branford, Conn.
1903. Eveleth, Frederick S., 12 Court St., Concord, N. H.
1892. Everett, Frederick, 346 Center St., Chicago, Ill.
1912. Everham, Marguerite E., 8756 Buffalo Ave., Chicago, Ill.
1914. Ewing, Edgar E., 494 Haight St., San Francisco, Cal.
1913. Ewing, Homer H., Chicago Junction, O.
1912. Eyermann, Chris H., 1722 S. Jefferson Ave., St. Louis, Mo.
1913. Eyermann, Ruby P., 1722 S. Jefferson Ave., St. Louis, Mo.
1907. Faber, George A., 182 Grand St., Waterbury, Conn.
1882. **FAHNESTOCK, JOSEPH C.**, Piqua, O.
1904. Fair, M. Alvah, 12 E. 25th St., Baltimore, Md.
1914. Fama, Charles, 247 Bedford Pk. Blvd., Bronx, New York, N. Y.
1913. Farber, Charles K., Lakeside, Ohio.
1913. Fargher, James H., 807 Jefferson St., Laporte, Ind.
1914. Faringer, Howard R., Swarthmore, Pa.
1914. Faris, Ralph S., 3003 E. Broad St., Richmond, Va.
1913. Farley, Robert H., 412 Old National Bk. Bldg., Spokane, Wash.
1901. Farley, William C., 9 E. Haverhill St., Lawrence, Mass.
1913. Farnsworth, Floyd S., 67 Brinkerhoff St., Plattsburgh, N. Y.
1914. Farr, Margaret E., 429 S. Boyle Ave., Los Angeles, Cal.
1913. Fash, Martin H., 2832 Warren Ave., Chicago, Ill.
1908. Fassett, Edwin L., 502 Clement St., San Francisco, Cal.
1902. Faust, Frederick A., 819 N. Nevada Ave., Colorado Springs, Colo.
1887. **FAUST, LOUIS**, 19 Jay St., Schenectady, N. Y.
1892. Fawcett, John M., 1307 Chapline St., Wheeling, W. Va.
1910. Fay, Ella C., 209 Main St., Whitewater, Wis.
1914. Fay, Emma H., State Hospital, Westboro, Mass.
1899. Fay, George D., 23 Bay View Ave., Atlantic Highlands, N. J.
1912. Fee, Knight E., Toledo, Iowa.
1908. Fell, Alton S., 312 E. State St., Trenton, N. J.
1912. Fellows, Antoinette K., 5496 Cornell Ave., Chicago, Ill.
1890. **FELLOWS, C. GURNEE**, 30 N. Michigan Ave., Chicago, Ill.
1913. Fellows, Ethel P., McMinnville, Ore.
1913. Fellows, Floyd F., McMinnville, Ore.
1892. Fellows, William E., 150 Union St., Bangor, Me.
1913. Felsburg, Wm. J., Jr., letters returned.
1913. Felt, Garnard S., New Providence, Iowa.
1901. Fenton, Susan J., 678 14th St., Oakland, Cal.
1913. Ferguson, Allan H., 2925 Sheffield Ave., Chicago, Ill.
1903. Ferguson, Franklin A., 705 Congress St., Portland, Me.
1905. Ferguson, Robert J., 29 College St., New Haven, Conn.
1914. Ferree, Judson A., Ohio State Univ., Columbus, O.
1907. Fick, Herman A., 109 Warren Ave., Boston, Mass.

1913. File, Elmer C., Rochelle, Ill.
 1911. Finch, Charles H., 62 Jackson St., Providence, R. I.
 1914. Finch, Edward L., 250 W. 78th St., New York, N. Y.
 1868. FINCH, EDWIN W., Center Ave. and Prospect St., New Rochelle, N. Y. *Clearwater, Florida.*
 1888. FINNEY, EVERETT B., 1329 N St., Lincoln, Neb.
 1893. Fischbach, Frederick W., Newport, Ky.
 1914. Fischbach, H. P., Newport, Ky.
 1899. Fischer, John A., 4647 York Road, Philadelphia, Pa.
 1873. FISHER, A. LEROY, 325 Lexington Ave., Elkhart, Ind.
 1893. Fisher, Anna M., 3153 Columbus Ave., Minneapolis, Minn.
 1873. FISHER, CHARLES E., Sterling, Colo.
 1913. Fisher, Hart E., 4444 Beacon St., Chicago, Ill.
 1912. Fisher, John L., 102 W. 18th St., Wilmington, Del.
 1914. Fisk, Carlos A., Frankfort, Ky.
 1895. Fiske, Edwin R., 1172 Dean St., Brooklyn, N. Y.
 1914. Fitch, Stewart J., 1175 N. Los Robles Ave., Pasadena, Cal.
 1913. Fitzgerald, David E., 3468 Frankford Ave., Philadelphia, Pa.
 1913. Fitz-Hugh, Julia D., 1274 Marion St., Denver, Colo.
 1903. FitzPatrick, Gilbert, 122 S. Michigan Blvd., Chicago, Ill.
 1869. FLANDERS, DAVID P., Belfast, Me.
 1914. Fleek, Bernice A., 170 Main St., Ashtabula, Ohio.
 1914. Fleissner, Cuthbert M., 2560 Vallejo St., San Francisco, Cal.
 1908. Fleming, Richard K., 315 S. Highland Ave., Pittsburgh, Pa.
 1903. Fletcher, Samuel E., 96 Grape St., Chicopee, Mass.
 1915. Fletcher, Sara E., 338 E. State St., Columbus, Ohio.
 1901. Fletcher, Zachary P., 23 Cottage St., Jersey City, N. J.
 1906. Flinn, Lewis W., 909 Washington St., Wilmington, Del.
 1915. Flyer, Irving, 322 E. 3rd St., New York, N. Y.
 1901. Fobes, Joseph H., 1 W. 68th St., New York, N. Y.
 1914. Folger, George A., 1269 Commonwealth Ave., Allston, Mass.
 1912. Follett, William M., 33 Cayuga St., Seneca Falls, N. Y.
 1896. Foote, Dellizon A., 586 Brandeis Bldg., Omaha, Neb.
 1874. FOOTE, MARY E. B., Larchmont, N. Y.
 1895. Forbes, Charles H., 429 School St., Athol, Mass.
 1906. Forbes, George I., 215 Pearl St., Burlington, Vt.
 1898. Forbes, William O., 102 Exchange St., Hot Springs, Ark.
 1909. Forbush, Albert W., 173 Highland Ave., Somerville, Mass.
 1913. Ford, Francis C., 229 N. Mayfield Ave., Chicago, Ill.
 1913. Ford, George R., 310 E. Main St., Trinidad, Colo.
 1913. Ford, John E., Loveland, Colo.
 1895. Forsbeck, Filip A., 121 Wisconsin St., Milwaukee, Wis.
 1911. Foster, Harold A., 859 Seventh Ave., New York, N. Y.
 1915. Foster, Herbert W., 10 The Crescent, Montclair, N. J.
 1880. FOSTER, RICHARD N., 32 N. State St., Chicago, Ill.
 1867. FOSTER, WILLIAM D., 523 Altman Bldg., Kansas City, Mo.
 1913. Fowler, Ada A., 116 W. 3rd St., Marion, Ind.
 1913. Fowler, Walter N., 500 Peck Bldg., Kalamazoo, Mich.
 1914. Fox, William C., Children's Hom. Hosp., Philadelphia, Pa.
 1915. Fraenkel, Joseph, 114 E. 66th St., New York, N. Y.
 1914. Franck, William L., 219 W. Tabor Rd., Philadelphia, Pa.
 1909. Frank, Jacob W., 2037 Chestnut St., Philadelphia, Pa.
 1901. Franklin, Edward D., 471 W. 145th St., New York, N. Y.
 1889. FRANKLIN, WILLIAM A., Buckeye, Ariz.
 1913. Franz, Ernest, Berne, Ind.
 1899. Frazee, Calvin A., 517 E. Capitol Ave., Springfield, Ill.
 1913. Friedman, Samuel, 54 E. 118th St., New York, N. Y.
 1913. French, Harold M., Metropolitan Hospital, New York, N. Y.
 1894. French, Malachi R., 156 N. Wabash Ave., Chicago, Ill.
 1912. Fried, Anton R., 324 Walnut St., Newtonville, Mass.

FRIEDMANN

1914. Friedmann, Leonard L., 518 Princeton Ave., Trenton, N. J.
1901. Frost, Herbert L., 1820 E. 97th St., Cleveland, O.
1910. Fry, Arminda C., 122 Michigan Blvd., S., Chicago, Ill.
1911. Fuhrmann, Barclay S., Box 434, Flemington, N. J.
1905. Fuller, Agnes V., 1665 W. 103rd St., Chicago, Ill.
1895. Fuller, Walter T., 36 Harvard St., Dorchester, Mass.
1910. Fullmer, Burt E., 419 Ferguson Bldg., Los Angeles, Cal.
1909. Fulton, John M., Audubon, Ia.
1894. Furman, Horace S., 1705 Tioga St., Philadelphia, Pa.
1905. Gaggin, Verner S., 5445 Center Ave., Pittsburgh, Pa.
1910. Gaines, John S., Jr., 200 W. 71st St., New York, N. Y.
1886. **GALE, CHARLES A.**, Rutland, Vt.
1911. Gale, Frank J., Newtown, Conn.
1915. Galford, Gilbert H., Gibson City, Ill.
1911. Galster, Herman C., 129 W. 25th St., Erie, Pa.
1913. Gamble, Ernest F., Coldwater, Mich.
1908. Gammage, Thos. R., 4800 E. 24th St., Kansas City, Mo.
1900. Gann, George W., Du Bois, Pa.
1912. Gannett, George J., 571 S. Salina St., Syracuse, N. Y.
1901. Ganow, George J., Oxford, N. Y.
1912. Gans, Robert A., New Salem, Pa.
1913. Garber, Clare A., 411 Powers Block, Decatur, Ill.
1899. Gardiner, William G., The Lenox, Iowa and Atlantic Aves., Atlantic City, N. J.
1912. Gardner, Charles A., Columbus, Mont.
1894. Gardner, Henry S., 823 Kentucky St., Lawrence, Kan.
1899. Garis, Frank A., 316 W. Broad St., Bethlehem, Pa.
1908. Garlick, Perley G., 202 Clement St., San Francisco, Cal.
1913. Garlinghouse, Orestes L., Iola, Kan.
1909. Garner, Albert R., 626 De Kalb St., Norristown, Pa.
1901. Garnsey, William S., 93 Main St., Gloversville, N. Y.
1915. Garrick, Nathan H., 80 F. Concord St., Boston, Mass.
1899. Garrison, Biddle H., 23 Monmouth St., Red Bank, N. J.
1903. Garrison, Howard C., 428 N. 5th St., Camden, N. J.
1892. Garrison, John B., 616 Madison Ave., New York, N. Y.
1895. Gary, Clara E., 416 Marlborough St., Boston, Mass.
1915. Gaston-Frack, Sarah P., 509 Robins Ave., Niles, Ohio.
1902. Gault, William E., 15 W. 2d St., Portsmouth, O.
1912. Gayde, Earle A., 823 Albany St., Utica, N. Y.
1910. Geiger, Charles E., Main St., Forest Grove, Ore.
1913. Geis, Joseph A., 41 Yale Ave., Glendale, Brooklyn, N. Y.
1881. **GEISER, SAMUEL R.**, 25 Groton Bldg., Cincinnati, O.
1901. Gennerich, Charles, 226 W. 78th St., New York, N. Y.
1891. Geohegan, William A., 3026 Price Ave., Cincinnati, O.
1896. George, Edgar J., 22 E. Washington St., Chicago, Ill.
1897. George, William E., 212 Pennway Bldg., Indianapolis, Ind.
1901. Gibbs, Frank L., 84 W. 2d St., Chillicothe, O.
1913. Gibbs, James C., Crown Point, Ind.
1897. Gibson, David M., 4337 Washington Blvd., St. Louis, Mo.
1913. Giddings, Burton D., 204 Main St., Niles, Mich.
1913. Gifford, Anson H., 531-533 Baker Block, Springfield, Mo.
1879. **GIFFORD, WILLIS B.**, Attica, N. Y.
1899. Gilbert, William W., 2421 Cass Ave., St. Louis, Mo.
1908. Gilkeson, Hugh P., 107 Holden St., Warrensburg, Mo.
1910. Gillard, Clara H., 218 Madison St., Port Clinton, O.
1914. Gillard, David, 218 Madison St., Port Clinton, O.
1890. **GILLARD, EDWIN**, 423 Columbus Ave., Sandusky, O.
1913. Gillespie, William B., 71 Union St., Rockville, Conn.
1909. Gillette, Clarence, 801 Washington Ave., Kalamazoo, Mich.
1911. Gillingham, Horace P., 109 W. 82d St., New York, N. Y.

GREENE

1905. Gillogly, Raymond C., Newman, Ill.
1882. **GILMAN, JOHN E.**, Masonic Temple, Chicago, Ill.
1915. Gilster, Arthur E., 4602 N. Robey St., Chicago, Ill.
1909. Ginn, Curtiss, 100 Reibold Bldg., Dayton, O.
1911. Ginnever, Arthur, 39 W. 58th St., New York, N. Y.
1901. Given, James B., 463 9th St., Brooklyn, N. Y.
1891. Givens, Amos J., Stamford, Conn.
1908. Gladwin, Frederica E., 1701 Chestnut St., Philadelphia, Pa.
1913. Glasgow, William A., 904 Cobb Bldg., Seattle, Wash.
1903. Glazier, Frederick P., 12 Lincoln St., Hudson, Mass.
1895. Gleason, Charles S., Wareham, Mass.
1911. Gleason, Marian L. A., 229 Bowen St., Providence, R. I.
1909. Glover, Mary E., 135 Stockton St., San Francisco, Cal.
1913. Godfrey, Julia D., 615 Clinton St., South Bend, Ind.
1891. Goff, Ella D., Diamond St., N. S., Pittsburgh, Pa.
1913. Goldman, Maxwell, 42 Spring St., Boston, Mass.
1897. Goldsmith, Alfred E., 303 Fidelity Bldg., Tacoma, Wash.
1911. Goldsmith, Egbert A., 3903 Edmund St., Seattle, Wash.
1915. Golub, Jacob J., 32 Poplar St., Boston, Mass.
1913. Good, Henry L., 328 N. 3d St., Hamilton, O.
1887. **GOODING, E. JEANNETTE**, 115 Elmwood Av., Wollaston, Mass.
1890. **GOODING, GERTRUDE**, Bristol, R. I.
1913. Goodlove, Paul C., 502-4 Broadway Central Bldg., Detroit, Mich.
1913. Goodman, Charles H., Wall Bldg., St. Louis, Mo.
1887. **GOODNO, WILLIAM C.**, 397 El Molino Ave., Pasadena, Cal.
1913. Goodrich, Asa F., 725 Lowry Bldg., St. Paul, Minn.
1909. Goodridge, Hannah, 709 G. C. Bk. Bldg., San Jose, Cal.
1903. Goodwin, Edward E., 28 Main St., Brockton, Mass.
1898. Gordon, Arthur H., 858 N. LaSalle Ave., Chicago, Ill.
1913. Gordon, Baltzer L., Roanoke, Ind.
1883. **GORHAM, GEORGE E.**, 214 State St., Albany, N. Y.
1889. **GORTON, FREDERICK T.**, 1st Nat'l Bank Bldg., Portage, Wis.
1899. Goss, Alice M., Butler Bldg., San Francisco, Cal.
1908. Gossard, Charles E., Webber, Kan.
1913. Gott, William T., 320 Ben Hur Bldg., Crawfordsville, Ind.
1915. Gowens, Henry L., 1636 Walnut St., Philadelphia, Pa.
1912. Graas, Vena C., 1340 Newport Ave., Chicago, Ill.
1909. Graham, Corden T., 1100 South Ave., Rochester, N. Y.
1913. Graham, David M., Stuart, Fla.
1913. Gramley, William, Metropolitan Hosp., New York, N. Y.
1905. Gramm, Edward M., 518 Perry Bldg., Philadelphia, Pa.
1896. Gramm, Theodore J., 1614 N. 15th St., Philadelphia, Pa.
1909. Grant, Albert B., 114 W. Erie St., Albion, Mich.
1909. Grant, Arthur R., 321 Genesee St., Utica, N. Y.
1892. Graves, Kate I., 5707 Blackstone Ave., Chicago, Ill.
1909. Graves, Rex V., Storm Lake, Ia.
1913. Graves, Robert E., 4249 Hazel Ave., Chicago, Ill.
1869. **GRAVES, STOCKBRIDGE P.**, Saco, Me.
1913. Graves, Walter J., 77 King St., Dorchester, Boston, Mass.
1912. Gray, Addie E. F., 6917 Eggleston Ave., Chicago, Ill.
1915. Gray, Clarence H., 1803 Chestnut St., Philadelphia, Pa.
1906. Gray, Earle V., State Hospital, Collins, N. Y.
1902. Green, Arba S., 307 Federal Bldg., Youngstown, Ohio.
1881. **GREEN, CHARLES L.**, 2311 Delancey St., Philadelphia, Pa.
1909. Green, Crawford R., 25 Second St., Troy, N. Y.
1898. Green, Julia M., 1738 N. St., N. W., Washington, D. C.
1909. Green, Mary J., 679 Rampart St., Los Angeles, Cal.
1913. Green, Thomas W., 62 Washington Ave., Chelsea, Mass.
1913. Greene, C. Franklin, 3101 Groveland Ave., Chicago, Ill.
1913. Greene, Edward P., Arvada, Colo.

GREENLEAF

1871. **GREENLEAF, JOHN T.**, Owego, N. Y.
1906. Greenwood, Mitchell, 1011 Washington St., Wilmington, Del.
1913. Greiner, Karl, Sparta, Mich.
1912. Griffin, J. Burnie, Bishop Bldg., St. Augustine, Fla.
1900. Griffin, Judson M., The Lenox, Detroit, Mich.
1913. Griffin, Leavitt M., Polo, Ill.
1895. Griffith, Alexander R., 221 Peel St., Montreal, Can.
1897. Griffith, John B., Lewistown, Pa.
1891. Griffith, Lewis B., 2449 Columbia Ave., Philadelphia, Pa.
1911. Griggs, Oscar P., 226 Main St., Ashtabula, O.
1908. Grigsby, Anna C., 230 W. Main St., Concordia, Kan.
1915. Grimmer, Arthur H., 3842 Grand Blvd., Chicago, Ill.
1914. Grimshaw, Oliver, Swedesboro, N. J.
1911. Griswold, Homer E., 21 E. 8th St., Erie, Pa.
1905. Grob, Arthur R. F., 377 National Ave., Milwaukee, Wis.
1906. Groesbeck, Frederick B., Steubenville, O.
1913. Gross, Francis O., 1816 Erie Ave., Philadelphia, Pa.
1915. Grosvenor, Fred B., 2144 Summit St., Columbus, Ohio.
1897. Grove, Charles E., 422 Old Nat'l Bk. Bldg., Spokane, Wash.
1900. Groves, Charles A., 303 Main St., East Orange, N. J.
1908. Grubbe, Emil H., 130 N. State St., Chicago, Ill.
1913. Gruber, Carl, 213 2d St., Clinton, Ia.
1899. Grumbrecht, Oscar L., 611 Market St., Camden, N. J.
1893. Grundmann, F. William, 1000 N. Jefferson Ave., St. Louis, Mo.
1875. **GUERNSEY, JOSEPH C.**, Box 188, Haverford, Pa.
1912. Guild, William A., 230 Utica Bldg., Des Moines, Ia.
1909. Guile, Earle B., Ortonville, Mich.
1905. Guillaume, Frank, 470 W. 26th St., Chicago, Ill.
1905. Gundelach, William J., 501 Delmar Bldg., St. Louis, Mo.
1905. Gurney, Belle B., 6354 Wentworth Ave., Chicago, Ill.
1913. Gustin, Francis M., 312-314 Oak St., Union City, Ind.
1913. Guy, John E., 307 Grand Ave., Milwaukee, Wis.
1905. Guy, Milton P., Daytona Beach, Fla.
1905. Haas, George H., 121 North 8th St., Allentown, Pa.
1901. Hadley, Chas. F., 3320 Federal St., Camden, N. J.
1914. Hadley, Rollin V., letters returned.
1914. Hagerman, David B., 313 Metz Bldg., Grand Rapids, Mich.
1913. Hahn, Anna M. A., 3832a Shenandoah Ave., St. Louis, Mo.
1897. Haines, Charles T., 1 Hobart St., Utica, N. Y.
1895. Haines, Oliver S., 137 North 15th St., Philadelphia, Pa.
1887. **HALBERT, HOMER V.**, 22 E. Washington St., Chicago, Ill.
1914. Hale, Harriet W., 306 Decatur St., Brooklyn, N. Y.
1912. Hale, Presley E., 513 Eilers Bldg., Portland, Ore.
1905. Haley, William F., 2857 Wilcox Ave., Chicago, Ill.
1903. Hall, Charles F. A., 202 High St., Newburyport, Mass.
1911. Hall, Edwin C. M., 82 Grand Ave., New Haven, Conn.
1911. Hall, Edwin P., Skaneateles, N. Y.
1910. Hall, Lucy B., 15 E. River St., Hyde Park, Mass.
1894. Hall, Matthew J., 66 Boston Post Row, Mamaroneck, N. Y.
1915. Hall, Snowden K., 2224 7th Ave., Beaver Falls, Pa.
1885. **HALL, WILLIAM G.**, 1232 Rialto Bldg., Kansas City, Mo.
1912. Haller, Charles P., 461 State St., Bridgeport, Conn.
1901. Hallett, G. DeWayne, 274 W. 86th St., New York, N. Y.
1896. Hallman, Victor H., Ark. Nat'l Bank Bldg., Hot Springs, Ark.
1889. **HALLOCK, J. HENRY**, 182 Broadway, Saranac Lake, N. Y.
1886. **HALSEY, FREDERICK W.**, 272 Newbury St., Boston, Mass.
1903. Ham, Wm. A., 1799 Dorchester Ave., Dorchester, Boston, Mass.
1911. Hamilton, Fremont, 1 Linden St., Brattleboro, Vt.
1911. Hamilton, John K., 269 W. Federal St., Youngstown, O.
1909. Hamilton, Samuel, 5601 Stanton Ave., Pittsburgh, Pa.

HEDGES

1897. Hamlin, Frederick W., Lake View Farm, Brimfield, Mass.
 1911. Hamlin, George B., 401 Donaldson Bldg., Minneapolis, Minn.
 1915. Hammond, Margaret, 6146 Greenwood Ave., Chicago, Ill.
 1911. Hance, Wm. C., De Graff, O.
 1889. **HANCHETT, ALFRED P.**, 120 S. 6th St., Council Bluffs, Ia.
 1891. Hanchette, John L., 421 Iowa Bldg., Sioux City, Ia.
 1889. **HANCHETTE, WILLIAM H.**, 421 Iowa Bldg., Sioux City, Ia.
 1897. Hancock, Elmer E., 1443 North 17th St., Philadelphia, Pa.
 1913. Hand, George J., Boxbutte Ave., Alliance, Neb.
 1904. Hanks, Mary E., 27 Bellevue Place, Chicago, Ill.
 1909. Hansen, Andreas S., 403 Washington St., Cedar Falls, Ia.
 1905. Hansen, Otto A., Forest City, Ia.
 1914. Hardy, Arthur H., 146 Prospect Ave., Mt. Vernon, N. Y.
 1913. Hardy, E. A. Patrick, 333 Bloor St. W., Toronto, Ont.
 1897. Hardy, William J., Belmont, N. Y.
 1905. Harkness, Carlton A., 1404 Heyworth Bldg., Chicago, Ill.
 1913. Harmount, William C., 621 Fulton Bldg., Pittsburgh, Pa.
 1909. Harned, Sophia P., 533A Macon St., Brooklyn, N. Y.
 1909. Harnisch, Louis W., 1364 Lexington Ave., New York, N. Y.
 1905. Harpel, William F., 6070 Stony Island Ave., Chicago, Ill.
 1913. Harpole, Charles B., 407½ Upper 2d St., Evansville, Ind.
 1913. Harris, Andrew F., 6106 Princeton Ave., Chicago, Ill.
 1899. Harris, John W., 632 17th St., Denver, Colo.
 1901. Harris, Nelson A., 375 Union St., Hackensack, N. J.
 1882. **HARRIS, W. JOHN**, 3514 Lucas Ave., St. Louis, Mo.
 1913. Hart, Arthur Herbert, 50 Farmington Ave., Hartford, Conn.
 1906. Hartley, Arthur, 1534 N. 15th St., Philadelphia, Pa.
 1914. Hartley, R. Agnes, 180 Massachusetts Ave., N. Cambridge, Mass.
 1905. Hartman, George W., 801 N. Third St., Harrisburg, Pa.
 1912. Harvey, Clifford D., 5 Babcock St., Brookline, Mass.
 1903. Harvey, Walter E., 10 N. Magazine St., Cambridge, Mass.
 1887. **HASBROUCK, CORNELIUS J.**, Bristol, R. I.
 1887. **HASBROUCK, SAYER**, Hamilton, Bermuda.
 1899. Haseltine, Burton, 122 S. Michigan Blvd., Chicago, Ill.
 1913. Hash, Edward W., 504 S. Irving Ave., Chicago, Ill.
 1913. Haskell, Cosa D., Ord, Neb.
 1892. Hassler, J. Wyllis, 112 W. 72d St., New York, N. Y.
 1909. Hastings, Willard S., 860 E. 65th St., Chicago, Ill.
 1905. Hatch, Alice H., 522 Good Block, Des Moines, Ia.
 1909. Hatch, Raymond W., 2068 W. 29th St., Los Angeles, Cal.
 1910. Hatfield, Walter S., 30 E. 7th Ave., Cincinnati, O.
 1913. Hatfield, Walter H., 30 E. 7th Ave., Cincinnati, O.
 1892. Hathaway, Henry S., 320 Central Park W., New York, N. Y.
 1915. Haverstock, Horace T., Sharon, Wis.
 1879. **HAWKES, WILLIAM J.**, 357 S. Hill St., Los Angeles, Cal.
 1913. Hawkins, Ellen F., 31 W. College St., Oberlin, O.
 1913. Hawley, Amasa S., Box 735, Phoenix, Ariz.
 1896. Hawxhurst, Howard H., 1634 Connecticut Ave., N. W., Washington, D. C.
 1913. Hayes, Royal E. S., 314 W. Main St., Waterbury, Conn.
 1912. Haydon, William C., Wallonia, Ky.
 1911. Hayman, Ralph W., 672 Broad St., Providence, R. I.
 1895. Haywood, George W., 11 Harwood St., Lynn, Mass.
 1899. Haywood, Julia F., 412 West Ave., Rochester, N. Y.
 1915. Hazard, Charles M., Arlington, Ia.
 1884. **HAZARD, THEODORE L.**, Phoenix Block, Iowa City, Ia.
 1913. Hearn, Richard, 249 Dovercourt Road, Toronto, Ont.
 1897. Heath, Gertrude E., 265 Water St., Gardiner, Me.
 1890. **HEDGES, ALBERT P.**, 818 Wilson Ave., Chicago, Ill.

HEDGES

1868. **HEDGES, SAMUEL P.**, 830 N. LaSalle Ave., Chicago, Ill.
 1908. Hedinger, Charles, Main St., Canton, Kan.
 1913. Heeley, John A., Parkham, O.
 1915. Heeley, Sydney J., 1229 Sixth St., Lorain, Ohio.
 1901. Heimbach, Allen E., 243 6th St., Renovo, Pa.
 1901. Heimbach, James M., 127 Greeves St., Kane, Pa.
 1912. Held, William A., West Unity, O.
 1897. Helfrich, Charles H., 542 Fifth Ave., New York, N. Y.
 1913. Helming, Theodore W., 1126 S. East St., Indianapolis, Ind.
 1887. **HELMUTH, WILLIAM TOD**, 616 Madison Ave., New York, N. Y.
 1903. Hemington, J. Glenn, 39 Morgantown St., Uniontown, Pa.
 1913. Hemphill, W. J., North Loup, Neb.
 1915. Henderson, B. W., 5459 University Ave., Chicago, Ill.
 1909. Henderson, Jos. W., 503 First National Bank Bldg., Berkeley, Cal.
 1895. Hendy, Clara A., 161 N. Grove Ave., Oak Park, Ill.
 1908. Henry, James R., 120 Broadway, Excelsior Springs, Mo.
 1912. Henry, Lucas S., 608 E. Genesee St., Syracuse, N. Y.
 1894. Henry, Samuel D., 120 Broadway, Excelsior Springs, Mo.
 1908. Henwood, Albert E., 805 Hanselum St., Kalamazoo, Mich.
 1914. Hepburn, Donald S., 819 Auburn Ave., Buffalo, N. Y.
 1892. Heritage, Alfred C., Jenkintown, Pa.
 1899. Heritage, Joseph B., Langhorne, Pa.
 1900. Herkimer, George R., Dowagiac, Mich.
 1911. Herman, Howard H., 1084 Reibold Bldg., Dayton, O.
 1898. Hermann, John, 1606 Jackson St., Sioux City, Ia.
 1908. Herr, Ira J., Summit St. and 4th Ave., Dayton, O.
 1874. **HERRON, CHAS. D.**, 358 El Centro St., South Pasadena, Cal.
 1911. Hetherington, Clark E., Piqua, O.
 1891. Hetherington, Judson E., Cody's, New Brunswick, Canada.
 1900. Hetrick, Llewellyn E., 4 W 93rd St., New York, N. Y.
 1913. Hewes, Ara B., 53 S. Main St., Adrian, Mich.
 1914. Hewitt, Chas. E., 70 Crown St., Meriden, Conn.
 1913. Heym, Rudolph, Jr., 854 Parkwood Drive, Cleveland, O.
 1913. Hicks, James M., Huntington, Ind.
 1885. **HICKS, SUSAN M.**, Indian Beach, Sarasota, Fla.
 1871. **HIGBEE, ALBERT E.**, Masonic Temple, Minneapolis, Minn.
 1903. Higbie, Annie S., Babylon, L. I., N. Y.
 1913. Higgins, Arthur F., 701 Merchants St., Emporia, Kan.
 1913. Higgins, Otis C., 224 E. North St., Lebanon, Ind.
 1913. Hilborn, Caroline L., 693 N. Howard St., Akron, O.
 1915. Hildebrant, Hugh R., Dundee, Mich.
 1913. Hildrup, Jefferson R., Windfall, Ind.
 1913. Hill, Alice L. S., 2306 Klemm Ave., St. Louis, Mo.
 1914. Hill, David B., 30 W. 48th St., New York, N. Y.
 1909. Hill, Elijah H., 41 Church St., Pittston, Pa.
 1901. Hill, Emily L., The Rivera, Riverside Drive, 156th St., New York, N. Y.
 1905. Hill, Frank K., 504 Trust Bldg., Rockford, Ill.
 1913. Hill, G. Arthur, 33 W. Main St., Meriden, Conn.
 1891. Hill, Lucy C., 492 N. Main St., Fall River, Mass.
 1895. Hill, Marvin J., 611 Locust St., Sterling, Ill.
 1914. Hill, R. Franklin, 1535 Chestnut St., Philadelphia, Pa.
 1912. Hill, Sumner A., 205 W. 3rd St., Greensburg, Pa.
 1892. Hill, W. Scott, 154 State St., Augusta, Me.
 1910. Hill, Wm. H., 115½ W. 4th St., Santa Ana, Cal.
 1913. Hillegas, William M., 1807 Chestnut St., Philadelphia, Pa.
 1911. Hilliard, William T., 105 Market St., Salem, N. J.
 1876. **HINDMAN, DAVID R.**, 1901 7th Ave., Marion, Ia.
 1902. Hinds, William H. W., Highland Ave. and Billings St., Milford, N. H.

HOVEY

1909. Hingston, James W., 6237 Greenwood Ave., Chicago, Ill.
1901. Hinkle, Abbie A., 1561 Maple Ave., Evanston, Ill.
1915. Hinsdale, Albert E., 2284 N. High St., Columbus, Ohio.
1896. Hinsdale, Wilbert B., Ann Arbor, Mich.
1891. Hislop, Margaret, 3 North Ave., Lake Bluff, Ill.
1873. **HITCHCOCK, DEXTER**, Norwalk, Conn.
1908. Hitchcock, Freeman St. C., 616 Madison Ave., New York, N. Y.
1911. Hobart, Austin W., 5733 Midway Park, Chicago, Ill.
1913. Hobbs, Lillian R., 4035 Indiana Ave., Chicago, Ill.
1912. Hobby, Ada T., 56 Putnam Ave., Brooklyn, N. Y.
1899. Hobson, Sarah M., 917 Marshall Field Bldg., Chicago, Ill.
1913. Hockett, George H., 423-425 Union Bldg., Anderson, Ind.
1895. Hodgdon, Frank A., 83 Salem St., Malden, Mass.
1908. Hodge, James B., 86 Warren Ave., W., Detroit, Mich.
1895. Hodge, William H., 324 Buffalo Ave., Niagara Falls, N. Y.
1902. Hodson, George S., Washington Courthouse, O.
1915. Hoegen, Jos. A., Jr., 334 Alexander Ave., Bronx, New York, N. Y.
1892. Hoey, William F., Frederica, Del.
1909. Hoff, Edwin C., 1101 D. Whitney Bldg., Detroit, Mich.
1914. Hoffman, Harry F., Hom. State Hosp., Allentown, Pa.
1910. Hoffmeier, Frank N., 9 N. Potomac St., Hagerstown, Md.
1880. **HOFFMANN, CHAS. H.**, Penn. Ave. and 5th St., Pittsburgh, Pa.
1908. Holaday, Elwood, West Elkton, O.
1914. Holden, George P., 122 McLean Ave., Yonkers, N. Y.
1913. Hollinshead, Theodore H., 315 W. Lee St., Louisville, Ky.
1897. Hollister, Frederic K., 521 Madison Ave., New York, N. Y.
1905. Holloway, Charles E., 711 Hippee Bldg., Des Moines, Ia.
1905. Holloway, Emma G., North Manchester, Ind.
1903. Holmes, Manuel S., Church St., Oakland, Me.
1908. Homan, Ralph W., Webster City, Ia.
1901. Honan, William F., 15 W. 73rd St., New York, N. Y.
1905. Honn, William M., 5 Neil St., Champaign, Ill.
1913. Hood, Joseph R., 14th St., Golden, Colo.
1885. **HOOKER, EDWARD BEECHER**, 721 Main St., Hartford, Conn.
1913. Hooker, Sanford B., The Faculty Club, Berkeley, Cal.
1902. Hoover, Julia E., 1828 W. 45th St., Cleveland, O.
1889. **HOOVER, WILLIS C.**, Iquique, Chili, South America.
1913. Hopkins, Mary E., 609 E. Chestnut St., Louisville, Ky.
1911. Hopkins, Mary M., 1205 Main St., Oconto, Wis.
1896. Hopkins, William T., 7 Atlantic St., Lynn, Mass.
1911. Hopkins, William W., 124 Main St., Geneva, N. Y.
1915. Hopkins, Ralph H., Wellfleet, Mass.
1909. Horn, Dora L., 190 E. Main St., Bellevue, O.
1899. Hornby-Frost, Mary S., 30 Magnolia St., Dorchester, Mass.
1883. **HORNER, J. RICHEY**, 659 Rose Bldg., Cleveland, O.
1888. **HORNING, DAVID W.**, 612 Pillsbury Bldg., Minneapolis, Minn.
1913. Horsman, Philip, Box 65, Franklinton, N. Y.
1908. Horton, Frank W., Sanborn, Ia.
1905. Hoskins, Samuel B., 204 Mass. Bldg., Sioux City, Ia.
1888. **HOUGH, WALTER D.**, 635 Main St., Niagara Falls, N. Y.
1911. Houghton, Henry L., 176 Commonwealth Ave., Boston, Mass.
1888. **HOUGHTON, NEIDHARD H.**, 11 Manchester Rd., Brookline, Mass.
1875. **HOUSE, ROBERT B.**, 208 E. High St., Springfield, O.
1899. House, Wallace B., 135 W. 78th St., New York, N. Y.
1913. Houser, Robert, 3927 Lorain Ave., Cleveland, O.
1909. Houston, Alfred M., 406 N. Eastern Ave., Joliet, Ill.
1910. Houston, Grant, 201 N. Chicago St., Joliet, Ill.
1909. Hovey, Hugh, 232 Neville Blk., Omaha, Neb.
1905. Hovey, Robert F., 5 Oak St., Springfield, Mass.

HOWARD

1899. Howard, Alonzo G., 636 Beacon St., Boston, Mass.
1905. Howard, Charles T., 405 Marlborough St., Boston, Mass.
1900. Howard, Clarence C., 616 Madison Ave., New York, N. Y.
1883. **HOWARD, ERVING M.**, 401 Linden St., Camden, N. J.
1910. Howard, F. H., Strawberry Point, Ia.
1913. Howard, Mordecai L., 107 Franklin St., Danville, Ill.
1915. Howard, William H., 4831 Champlain Ave., Chicago, Ill.
1908. Howell, Edgar H., Head Bldg., San Francisco, Cal.
1909. Howell, Edwin P., Dickinson, Texas.
1914. Howell, Ellen E. W., The Coronado, 22d and Chestnut Sts., Philadelphia, Pa.
1912. Howell, Frederic M. E., 220 N. 5th St., Reading, Pa.
1911. Howell, Harrison W., 824 Washington St., Wilmington, Del.
1899. Howlette, George C., Atkinson, Ill.
1902. Hoyt, Herbert W., 174 East Ave., Rochester, N. Y.
1911. Hoyt, L. Eugene, 41 S. Paint St., Chillicothe, O.
1909. Hoyt, William, 134 S. High St., Hillsboro, O.
1891. Hubbard, Charles H., 1415 Chestnut St., Chester, Pa.
1913. Hubbell, Eugene, 138 E. 6th St., St. Paul, Minn.
1915. Hubeny, Maximilian J., 25 E. Washington St., Chicago, Ill.
1913. Huber, Joseph M., 3023 Broadway, Chicago, Ill.
1913. Huddleston, Albert F., 119 E. South St., Winchester, Ind.
1894. Hudson, Thomas H., 1001 Prospect Ave., Kansas City, Mo.
1899. Hughes, Charles W., 917 W. 8th St., Wilmington, Del.
1913. Hughes, John C., 515 Florida Ave., N. W., Washington, D. C.
1915. Hughes, William B., 900 Scott St., Little Rock, Ark.
1913. Huizenga, Lee S., 82 Demarest Ave., Englewood, N. J.
1913. Hulbert, Charles D., 149 2d St., N., St. Petersburg, Fla.
1913. Hulbert, John R., State Hosp., Fergus Falls, Minn.
1904. Hullhorst, Paul, 6960 N. Ashland Blvd., Chicago, Ill.
1908. Hulme, Frederick W. W., 307-308 Thayer Bldg., Oakland, Cal.
1894. Humphrey, William A., 1814 N. High St., Columbus, O.
1908. Hunsicker, William C., 1625 Race St., Philadelphia, Pa.
1895. Hunt, Annie W., 217 Washington St., Providence, R. I.
1892. Hunt, Charles R., 474 County St., New Bedford, Mass.
1874. **HUNT, DWIGHT B.**, Otego, N. Y.
1899. Hunt, Ella G., 107 Odd Fellows Temple, Cincinnati, O.
1906. Hunt, John A., 89 Weir St., Taunton, Mass.
1896. Hunt, John S., 307 Oregon Ave., Santa Monica, Cal.
1913. Hunt, L. Judson, 2 Woodbine St., Boston, Mass.
1905. Hunt, Marie L., Hyde Park Hotel, Chicago, Ill.
1910. Huntington, Ella E., 686 North Park, Pomona, Cal.
1913. Huntington, T. T., Richmond, Ind.
1914. Huntley, Wellington B., Lowell, Mich.
1905. Huntoon, Gardiner A., Box 152, University Pl. Sta., Des Moines, Ia.
1912. Hurd, Annah, 602 Nicollet Ave., Minneapolis, Minn.
1898. Hurd, Laura B., 209 Post St., San Francisco, Cal.
1888. **HURD S. WRIGHT**, 80 Main St., Lockport, N. Y.
1913. Hurley, Harry P., 638 Sheridan Rd., Chicago, Ill.
1913. Huron, Willis B., Martz Block, Tipton, Ind.
1915. Hutchins, Hannah G., 1901 W. Monroe St., Chicago, Ill.
1872. **HUTCHINS, HORACE S.**, Batavia, N. Y.
1913. Hutchinson, Barzilla M., 111 S. Church St., Mishawaka, Ind.
1899. Hutchinson, John, 441 Park Ave., New York, N. Y.
1904. Hutchison, John W., 404 Court St., Saginaw, Mich.
1913. Hutton, James H., 551 E. 47th St., Chicago, Ill.
1915. Hyatt, C. Inez, Lodi, Ohio.
1912. Hyde, Allan P., 210½ State St., Sharon, Pa.
1913. Hyde, Clarence L., Perrysburg, N. Y.
1895. Hyde, Louis D., 239 Main St., Owego, N. Y.

JOHNSTON

1914. Ideson, Robert S., Hom. Hosp., Ann Arbor, Mich.
 1909. Ihle, Charles W., Cleghorn, Ia.
 1905. Iler, George H., 169 Hancock St., Brooklyn, N. Y.
 1910. Ingersoll, L. F., 446 W. 61st Pl., Chicago, Ill.
 1911. Ireland, J. Louis, 217 E. 12th St., Erie, Pa.
 1909. Irvin, George H., Orrville, O.
 1914. Irvin, Harry C., Adel, Iowa.
 1894. Irvine, Joseph C., 2206 Tremont Pl., Denver, Colo.
 1901. Ives, Nathaniel H., 175 Park St., Mount Vernon, N. Y.
 1912. Ives, S. Mary, 198 College St., Middletown, Conn.
 1906. Ivins, Howard, 204 E. Hanover St., Trenton, N. J.
 1914. Jackowitz, Gabriel J., 312 Orange St., New Haven, Conn.
 1876. **JACKSON, EDWARD R.**, Bend, Ore.
 1913. Jackson, James D., 523 Packard St., Ann Arbor, Mich.
 1912. Jackson, Sara B. H., 101 Grant Ave., Duquesne, Pa.
 1915. Jackson, William E. S., Box 542, Forrest City, Ark.
 1912. Jacobi, Stella E. C., 505 Brown Block, Omaha, Neb.
 1902. Jacobson, Frank A., 269 Grand St., Newburgh, N. Y.
 1908. Jacobson, Robert A., Exira, Ia.
 1897. James, D. Bushrod, 1920 N. 12th St., Philadelphia, Pa.
 1904. James, John Edward, Jr., 1819 Chestnut St., Philadelphia, Pa.
 1902. James, Katherine E., 123 N. Main St., Rockford, Ill.
 1915. Janifer, Clarence S., 172 Parker St., Newark, N. J.
 1891. Janney, O. Edward, 825 Newington Ave., Baltimore, Md.
 1915. Jared, Vernon M., 3517 W. North Ave., Chicago, Ill.
 1909. Jarrett, Elizabeth, 1 W. 101st St., New York, N. Y.
 1909. Jarvis, Charles E., 715 Dundas St., London, Can.
 1886. **JEFFERDS, HENRY C.**, 902 Stevens Bldg., Portland, Ore.
 1902. Jend, Gustav A., 926 E. 105th St., Cleveland, O.
 1909. Jend, William J., 60 Mitchell Ave., Detroit, Mich.
 1899. Jenkins, George H., 139 Main St., Binghamton, N. Y.
 1901. Jenks, Edwin B., 619 Palisade Ave., Yonkers, N. Y.
 1904. Jepson, Mary B., 221 N. 2nd St., Olean, N. Y.
 1911. Jewett, Franklin S., 259 Wayland Ave., Providence, R. I.
 1902. Jewett, Howard C., Haverhill, Mass.
 1914. Jewett, Howard W., Wyman's Exchange, Lowell, Mass.
 1914. Jewett, Stephen P., 189 Delaware Ave., Buffalo, N. Y.
 1887. **JEWITT, EDWARD H.**, 484 Arcade, Cleveland, O.
 1914. Johns, Miles W., Evans Bldg., Utica, N. Y.
 1909. Johnson, Alfred, Klamath Agency, Ore.
 1905. Johnson, Ammi K., 559 4th St., San Bernardino, Cal.
 1914. Johnson, Bertram, Eureka, Kan.
 1913. Johnson, Charles E., 105 S. Main St., Fond du Lac, Wis.
 1893. Johnson, Charles F., 45 Washington St., Newburyport, Mass.
 1893. Johnson, Cora M., State Hospital, Fergus Falls, Minn.
 1913. Johnson, Earl E., West Lebanon, Ind.
 1915. Johnson, Edith W., 904 Paseo St., Kansas City, Mo.
 1903. Johnson, Elmon R., 389 Newport Ave., Wollaston, Mass.
 1912. Johnson, Garnette W., Danville, Va.
 1876. **JOHNSON, GEORGE H. T.**, Atchison, Kan.
 1911. Johnson, Henry W., 610 Arnstein Bldg., Knoxville, Tenn.
 1910. Johnson, Julian P. M., 131 Church St., Ashland, Ore.
 1911. Johnson, Margaret, 402 Traders' Block, Spokane, Wash.
 1876. **JOHNSON, MARIA N.**, National Bk. Bldg., Long Beach, Cal.
 1911. Johnson, Marvin C., 338 Wyoming Ave., Kingston, Pa.
 1913. Johnson, Neill D., Hamilton, Mo.
 1870. **JOHNSON, ROBERT B.**, Main St., Riverside, Cal.
 1886. **JOHNSON, THEODORE M.**, 50 Luze Ave., Pittston, Pa.
 1902. Johnston, Anna, 5016 Liberty Ave., Pittsburgh, Pa.
 1896. Johnston, Charles L., 232 Hancock St., Brooklyn, N. Y.

JOHNSTON

1915. Johnston, Hans H., 8 Willow St., Brooklyn, N. Y.
1911. Johnston, Joseph E., Lang and Hamilton Aves., Pittsburgh, Pa.
1903. Johnston, Reuben T., 824 Nostrand Ave., Brooklyn, N. Y.
1903. Jones, Elbert A., 78 Pleasant St., Worcester, Mass.
1899. Jones, Everett, 419 Boylston St., Boston, Mass.
1915. Jones, Frank G., Jr., 1320 E. 112th St., Cleveland, Ohio.
1914. Jones, Frank L., 130 Linden Ave., Malden, Mass.
1912. Jones, Harry G., 1235 W. Lafayette Ave., Baltimore, Md.
1915. Jones, Mary D., 72nd and Broadway, New York, N. Y.
1915. Jones, Ralph P., 1404 Heyworth Bldg., Chicago, Ill.
1905. Jones, Robert M., 197 Madison Ave., New York, N. Y.
1899. Jordan, Oscar J., 704 Snyder Ave., Philadelphia, Pa.
1910. Jorgensen, Sophus N., Main St., Fortuna, Cal.
1910. Juett, Fred L., 160 N. Broadway, Lexington, Ky.
1902. Junkermann, Charles F., 138 E. State St., Columbus, O.
1913. Junkermann, Ulric Z., 39 W. College Ave., Westerville, O.
1889. **JUST, AUGUST A.**, Union Block, Crookston, Minn.
1896. Kahlke, Charles E., 32 N. State St., Chicago, Ill.
1911. Kahrs, Grace M., 511 W. 113th St., New York, N. Y.
1912. Kaiser, A. Jerome, Edri, Indiana Co., Pa.
1902. Kapp, Michael W., Porter Bldg., San Jose, Cal.
1893. Karst, F. August, 64 W. Randolph St., Chicago, Ill.
1899. Kase, Edmund H., 849 N. Broad St., Philadelphia, Pa.
1908. Kastendieck, John, 457 Fillmore St., San Francisco, Cal.
1912. Kasting, Robert W., 2910 Vine St., Cincinnati, O.
1915. Katz, Benjamin S., 67 E. 112th St., New York, N. Y.
1910. Kauffman, Frank E., Lake City, Ia.
1905. Kaufman, Louis R., 156 W. 80th St., New York, N. Y.
1913. Keaster, Joseph B., 204½ N. Main St., Roswell, N. Mex.
1888. **KEEGAN, WILLIAM A.**, 259 Alexander Ave., Rochester, N. Y.
1891. Keeler, Charles B., New Canaan, Conn.
1889. **KEELER, E. ELMER**, 12. The Prouze, Syracuse, N. Y.
1867. **KEEP, J. LESTER**, 460 Clinton Ave., Brooklyn, N. Y.
1912. Keese, John M., 608 E. Genesee St., Syracuse, N. Y.
1898. Kehoe, Henry C., Frankfort, Ky.
1892. Kehr, Samuel S., 403 2nd Ave., Sterling, Ill.
1913. Keim, William H., 1716 N. 18th St., Philadelphia, Pa.
1910. Keiser, Jay G., 427 E. Long St., Columbus, O.
1908. Keiser, Romeo O., 427 E. Long St., Columbus, O.
1897. Keith, Ellen L., Winter St., Framingham, Mass.
1895. Keith, Horace G., 307 South Broadway, Yonkers, N. Y.
1909. Keith, Laurence F., Box 46, Wareham, Mass.
1893. Keith, William E., 693 S. Second St., San Jose, Cal.
1913. Keller, Martha E., 320 N. Meridian St., Indianapolis, Ind.
1913. Keller, William R., 317 Hayes Blk., Janesville, Wis.
1915. Kelley, George A., 134 McKinley Ave., S. W., Canton, Ohio.
1909. Kellogg, Edwin W., 107 E. 91st St., New York, N. Y.
1914. Kellogg, Fannie H., 22 Franklin Ave., New Rochelle, N. Y.
1905. Kellogg, Francis B., Temple Auditorium, Los Angeles, Cal.
1909. Kelly, Frank A., 1429 D. Whitney Bldg., Detroit, Mich.
1909. Kelso, George B., 807 N. Main St., Bloomington, Ill.
1909. Kendall, Edward J., 206 Fine Arts Bldg., Detroit, Mich.
1905. Kendall, Sarah, 477 Arcade Bldg., Seattle, Wash.
1913. Kennedy, Verner, 169 Nepperham Ave., Yonkers, N. Y.
1903. Kenney, Harriet E., 4 White St., Cohoes, N. Y.
1904. Kent, James T., 108 N. State St., Chicago, Ill.
1894. Kenyon, Frances A., Woodville, R. I.
1896. Kerch, Harry E., Dundee, Ill.
1909. Kerkow, Paul E., 1112 Russell St., Covington, Ky.
1909. Kern, Charles B., 610 Columbia St., Lafayette, Ind.

KREIDER

1913. Kern, Sophia L., 5143a Waterman Ave., St. Louis, Mo.
 1894. Kerr, Harlan T., 813 Story Bldg., Los Angeles, Cal.
 1878. **KERSHAW, J. MARTINE**, 44 Westminster Pl., St. Louis, Mo.
 1915. Kilborne, Jay M., 329 Fourth St., Sioux City, Ia.
 1897. Kilgour, Peter T., 5651 Hamilton Ave., Cincinnati, O.
 1913. Killen, Ralph D., 201 N. 53rd St., Philadelphia, Pa.
 1905. Kimball, Cecilia P. G., 4719 Kenwood Ave., Chicago, Ill.
 1912. Kimmel, Benjamin B., Penn Square Bldg., Cleveland, O.
 1893. King, Cora S., 51 The Olympia, Washington, D. C.
 1870. **KING, EDWARD H.**, 323 S. Stone Ave., Tucson, Ariz.
 1907. King, Harry C., 1422 K St., N. W., Washington, D. C.
 1912. King, John W., 62 Main St., Bradford, Pa.
 1913. King, Judson C., Banza Manteke, Congo Belge, S. W. C., Africa.
 1891. King, William H., 64 W. 51st St., New York, N. Y.
 1888. **KING, WILLIAM R.**, 1422 K St., N. W., Washington, D. C.
 1895. Kingsbury, Edward N., 93 Blackstone St., Woonsocket, R. I.
 1891. Kingsman, Richard, 711 E. Capitol St., Washington, D. C.
 1913. Kinne, Brayton E., 40 Eagle St., Albany, N. Y.
 1892. Kinne, Porter S., 171 Carroll St., Paterson, N. J.
 1913. Kinnett, William E., 401 Masonic Temple, Peoria, Ill.
 1906. Kinney, Charles S., Taylor Avenue, Easton, Pa.
 1914. Kinsley, William G., Hom. Hosp., Reading, Pa.
 1904. Kinsman, Enos C., 302 S. Jefferson Ave., Saginaw, Mich.
 1880. **KINYON, CLAUDIUS B.**, 914 Hill St., Ann Arbor, Mich.
 1913. Kinyon, Howard B., Losee Blk., Trenton, Mich.
 1870. **KIPPAX, JOHN R.**, 88 Dufferin Ave., Brantford, Ont., Canada.
 1905. Kirby, Emily S. F., Bangor, Mich.
 1914. Kirk, Lucy A., 677 Dudley St., Boston, Mass.
 1893. Kirkland, Edward, Bellows Falls, Vt.
 1911. Kirkpatrick, George H., 520 Rebecca Ave., Wilkinsburg, Pa.
 1913. Kirsch, Francis, 225 Collinsville Ave., East St. Louis, Ill.
 1913. Kiser, William E., 3400 Belmont St., Bellaire, O.
 1891. Kistler, Abraham L., 9th and Linden Sts., Allentown, Pa.
 1899. Kistler, Horace E., 313 Main St., Johnstown, Pa.
 1910. Kistler, John D., 801 Homewood Ave., Pittsburgh, Pa.
 1912. Kistler, John S., 40 N. Jardin St., Shenandoah, Pa.
 1910. Kittle, Richard, 7104 St. Clair Ave., Cleveland, O.
 1909. Klasterman, George, Irvington, Ill.
 1902. Klein, A. Katherine, 172 Bowers St., Jersey City, N. J.
 1903. Klein, August A., 123 Blue Hill Ave., Boston, Mass.
 1899. Kline, David C., 5th and Chestnut Sts., Reading, Pa.
 1915. Kline, Horace F., 1900 Spring Garden St., Philadelphia, Pa.
 1895. Klopp, Henry I., Homœopathic State Hosp., Allentown, Pa.
 1913. Klopp, Ray C., 1360 Perkiomen Ave., Reading, Pa.
 1913. Knapp, Harry P., 33 N. Cicero Ave., Chicago, Ill.
 1915. Knauer, J. Glen, 9th and Chestnut Sts., Reading, Pa.
 1871. **KNERR, CALVIN B.**, 1137 Spruce St., Philadelphia, Pa.
 1887. **KNIGHT, STEPHEN H.**, 37 E. Willis Ave., Detroit, Mich.
 1915. Knoll, Robert F., 158 N. Central Ave., Chicago, Ill.
 1903. Knott, Harriet A., 921 Genesee Ave., Saginaw, Mich.
 1913. Knott, Jephtha D., Monticello, Ill.
 1914. Knox, Sherman S., 4620 Indiana Ave., Chicago, Ill.
 1896. Koch, Margaret, 716 Masonic Temple, Minneapolis, Minn.
 1909. Koessler, George L., 547 Junction Ave., Detroit, Mich.
 1908. Koesterling, Herman F., 716 McGee St., Kansas City, Mo.
 1900. Koons, Harry E., 647 Main St., Danville, Va.
 1875. **KORNDORFER, AUGUSTUS**, 1728 Green St., Philadelphia, Pa.
 1915. Kraus, Louis H., 235 First Ave., Long Island City, N. Y.
 1897. Krauss, James, 419 Boylston St., Boston, Mass.
 1896. Kreider, Martin K., 202 Lincoln Ave., Goshen, Ind.

KREWSON

1892. Krewson, Amos D., 4613 Paul St., Frankford, Philadelphia, Pa.
1909. Krichbaum, Philip E., 33-35 Fullerton Ave., Montclair, N. J.
1913. Krick, George W., Jr., 827 N. 5th St., Reading, Pa.
1888. **KROGSTAD, HENRY**, 1524 K St., N. W., Washington, D. C.
1908. Krudrop, D. Fonjes, 219 Wright and Callender Bldg., Los Angeles, Cal.
1899. Krusen, Edward A., Boyer Arcade, Norristown, Pa.
1914. Krusen, Francis T., 1213 W. Main St., Norristown, Pa.
1915. Kuttler, Leonard W., 643 E. 113th St., Cleveland, Ohio.
1909. Lackey, Howard J., 577 14th St., Oakland, Cal.
1913. Lafferty, Joseph A., 207 Trust Co. Bldg., McKees Rocks, Pa.
1909. Laffoon, Clint A., Bondville, Ill.
1915. LaForge, Alvin W., Illinois Athletic Club, Chicago, Ill.
1894. Laidlaw, George F., 58 W. 53rd St., New York, N. Y.
1913. Lamb, George C., 1005 N. 8th St., Cañon City, Colo.
1913. Lanchner, Samuel, 251 First Ave., New York, N. Y.
1901. Lane, Charles E., 289 Mill St., Poughkeepsie, N. Y.
1913. Lane, Charles F., Main and Union Sts., Vineyard Haven, Mass.
1910. Lane, Daniel E., 111 S. 1st St., Alhambra, Cal.
1913. Lane, Elwin D., 38 Main St., Andover, Mass.
1908. Lane, George E., 290 Mill St., Poughkeepsie, N. Y.
1904. Lane, Irvin J., 26 Maple Place, Ossining, N. Y.
1911. Lane, Nathaniel F., 1925 Chestnut St., Philadelphia, Pa.
1903. Lane, Orville W., 267 Main St., Great Barrington, Mass.
1913. Lange, Frederick W., 315 Jefferson Ave., Scranton, Pa.
1900. Lanning, Willet S., R. D. No. 1, Pittstown, Hunterdon Co., N. J.
1896. Lards, Charles H., 4 Maumee St., Adrian, Mich.
1913. Larkin, Edmund F., Bellingham Bank Bldg., Bellingham, Wash.
1915. LaRocco, C. G., 2208 Scovill Ave., Cleveland, Ohio.
1905. Larsen, Robina H., Odell, Ill.
1915. Launer, Louis, 312 Rivington St., New York, N. Y.
1912. Lawrence, Frank H., 1502 Perkiomen Ave., Reading, Pa.
1885. **LAWSHE, JOHN Z.**, 150 W. Peachtree St., Atlanta, Ga.
1910. Lawton, Thomas, 14 N. Washington St., Hinsdale, Ill.
1901. Lazarus, George F., 2105 Caton Ave., Brooklyn, N. Y.
1905. Leach, George A., Morris, Ill.
1898. Leake, Endell N., 237 W. 6th St., Fremont, Neb.
1901. Leao, Francisco G. P., 17 State St., New York, N. Y.
1915. Leavitt, Herbert A., Valley Gazette Bldg., Kissimmee, Fla.
1903. Leavitt, Mary A., 30 Adams St., Somerville, Mass.
1913. Leavitt, Sheldon, 4665 Lake Park Ave., Chicago, Ill.
1914. Lee, Edwin D., 29 Thompson St., Quincy, Mass.
1911. Lee, Frank C., 915 Schofield Bldg., Cleveland, O.
1909. Lee, Frank W., Riceville, Ia.
1888. **LEE, JOHN M.**, 179 Lake Ave., Rochester, N. Y.
1903. Lee, Wesley T., 220 Clarendon St., Boston, Mass.
1903. Le Fevre, George L., Mason Block, Muskegon, Mich.
1890. **LEFFERTS, FRANKLIN P.**, Belvidere, N. J.
1914. Lehman, Franklin F., 228 Wayne St., Sandusky, O.
1913. Lehman, Samuel W., Dixon, Ill.
1900. Leib, Edwin R., 5 Shepard St., Worcester, Mass.
1913. Leighton, Robert L., 216 Tuttle Ave., Spring Lake, N. J.
1899. Leipold, William C. A., 4656 Woodlawn Ave., Chicago, Ill.
1891. Leland, Clarence H., 202 Merrimac St., Lowell, Mass.
1905. Lemmerz, Theodore H., 141 Magnolia Ave., Jersey City, N. J.
1896. Lenfestey, John A., 58 North Walnut St., Mount Clemens, Mich.
1905. Lenz, John G., Milner, Idaho.
1907. Leonard, Henry C., Aitkin, Minn.
1882. **LEONARD, WILLIAM E.**, 408 New Donaldson Bldg., Minneapolis, Minn.

LUND

1914. Leopold, Herbert P., 1825 Chestnut St., Philadelphia, Pa.
 1908. Lerrigo, Charles H., 918 Kansas Ave., Topeka, Kan.
 1886. LESEUR, JOHN W., 215 E. Main St., Batavia, N. Y.
 1888. LESEUR, OSCAR, 30 Adams Ave., W., Detroit, Mich.
 1910. Leslie, Edward C., 5709 Penn Ave., Pittsburgh, Pa.
 1915. Levis, William R., 107 W. 2nd St., Media, Pa.
 1914. Lewis, Clarence J., 7004 Torresdale Ave., Philadelphia, Pa.
 1897. Lewis, Frederick D., 188 Franklin St., Buffalo, N. Y.
 1877. LEWIS, F. PARK, 454 Franklin St., Buffalo, N. Y.
 1871. LEWIS, HENRY M., The Martinique, 56 W. 33d St., New York, N. Y.
 1880. LEWIS, JOSEPH, 323 National Ave., Milwaukee, Wis.
 1915. Lewis, Thos. B., Hammond, Ill.
 1912. Lewy, Alfred, 22 E. Washington St., Chicago, Ill.
 1909. Ley, Charles A., 929 Maryland Ave., Pittsburgh, Pa.
 1912. Light, E. Victor, Annville, Pa.
 1893. Light, Jacob W., Kingman, Kan.
 1913. Lincoln, Winthrop C., 438 Broadway, Providence, R. I.
 1913. Lindsley, Horace, 218 W. George St., St. Augustine, Fla.
 1895. Lines, Mary L., 285 Washington Ave., Brooklyn, N. Y.
 1913. Lininger, Carl B., 1002 E. 6th St., Erie, Pa.
 1887. LINN, ALEXANDER M., 900 S and L Bldg., Des Moines, Ia.
 1893. Linn, Ellis G., Fleming Bldg., Des Moines, Ia.
 1915. Linn, Wilbur N., 126 Main St., Oshkosh, Wis.
 1885. LINNELL, EDWARD H., Box 293, Norwich, Conn.
 1895. Lippitt, Louis D., 41 Pocasset Ave., Providence, R. I.
 1910. Lischner, Hyman, Isis Bldg., San Diego, Cal.
 1908. Little, Harry J., 2384 W. 31st St., Los Angeles, Cal.
 1910. Little, William, S. Main St., Sherburne, N. Y.
 1909. Littlefield, Charles W., 442 Central Bldg., Seattle, Wash.
 1893. Llewellyn, Henry S., 47 S. 5th Ave., La Grange, Ill.
 1911. Lloyd, Ralph I., 450 9th St., Brooklyn, N. Y.
 1903. Lobdell, Alban J., Winchester, N. H.
 1913. Lock, Arthur L., Rock Valley, Iowa.
 1905. Locke, David A., 2027 Emerson Ave., N., Minneapolis, Minn.
 1913. Lockhart, Henry W. E., 44 McGill College Ave., Montreal, Can.
 1909. Loizeaux, Charles E., 975 Locust St., Dubuque, Iowa.
 1909. Loizeaux, Charles J., 406 Teachout Bldg., Des Moines, Iowa.
 1911. Loizeaux, Leon S., 117 E. 71st St., New York, N. Y.
 1901. Long, Charles H., 207 Sterry Block, Pontiac, Ill.
 1905. Long, George L., 410 G. McK. Bldg., Fresno, Cal.
 1911. Long, L. Dudley, 5419 Meridian Ave., Seattle, Wash.
 1905. Long, Samuel C., W. O. W. Bldg., Bakersfield, Cal.
 1907. Loos, Julia C., East End Trust Bldg., Pittsburgh, Pa.
 1907. Lorraine, Wellford B., 105 W. Grace St., Richmond, Va.
 1913. Lovejoy, Walter C., 501 Lake St., Maywood, Ill.
 1913. Low, Frances, 16 S. Angell St., Providence, R. I.
 1905. Low, Triumph C., 622 Auditorium Bldg., Los Angeles, Cal.
 1913. Lowe, George E., 1567 College Ave., Indianapolis, Ind.
 1890. LOWE, THOMAS, Pipestone, Minn.
 1913. Lowe, Tyner E., 20½ W. Main St., Greenfield, Ind.
 1885. LOWENTHAL, LOUIS, 10227 Prospect Ave., Chicago, Ill.
 1913. Lown, Harold L., 849 Main St., W., Lansing, Mich.
 1914. Lowry, Nelson H., 25 E. Washington St., Chicago, Ill.
 1915. Lucia, William A., 350 Fulton St., Brooklyn, N. Y.
 1906. Luff, Joseph, 1038 W. Electric St., Independence, Mo.
 1912. Luff, Emily M., 326 Chicago Ave., Oak Park, Ill.
 1905. Lufkin, Harry M., 617 Goodrich Ave., St. Paul, Minn.
 1873. LUKENS, MERRIKEN B., 85 Ashby St., Atlanta, Ga.
 1900. Lund, Frederick A., 2 W 86th St., New York, N. Y.

LUSE

1912. Luse, Horatio D., 1047 E. 47th St., Chicago, Ill.
1901. Lutze, Frederick H., 403 Jefferson Ave., Brooklyn, N. Y.
1915. Luzader, Katherine B., 107 W. College Ave., Greenville, Ill.
1913. Lyding, Henry W., 230 W. 15th St., New York, N. Y.
1905. Lyford, Franklin O., 48 Perham St., Farmington, Me.
1902. Lytle, Joseph A., 606 Rose Bldg., Cleveland, O.
1913. Lyon, Edwin S., 322 Hamilton Bldg., Akron, O.
1899. Lyon, Melvern S., 716 Atlantic Ave., Atlantic City, N. J.
1895. Maas, Elizabeth C., 21 Florence May Apts., Rockford, Ill.
1911. MacAdam, Edward W., 17 E. 184th St., New York, N. Y.
1905. MacCarthy, Francis H., 19 Joy St., Boston, Mass.
1890. **MACCRACKEN, WM. P.**, 4327 Greenwood Ave., Chicago, Ill.
1903. MacDougall, Duncan, 131 Main St., Haverhill, Mass.
1891. Macdonald, Thos. L., 1501 Mass. Ave., N. W., Washington, D. C.
1913. Macfarlan, Donald, 1805 Chestnut St., Philadelphia, Pa.
1868. **MACFARLAN, MALCOLM**, 1805 Chestnut St., Philadelphia, Pa.
1901. Macfarland, Ralph L., 52 Clinton Ave., Jamaica, N. Y.
1904. Mack, Gertrude G., 2 W. 94th St., New York, N. Y.
1915. Mack, Mary K., 4058 Washington Blvd., Chicago, Ill.
1909. Mackenzie, George W., 1831 Chestnut St., Philadelphia, Pa.
1905. MacKenzie, Peter L., 405 McCleary Bldg., Portland, Ore.
1911. MacKenzie, William Y., Weatherford, Tex.
1886. **MACLACHLAN, DANIEL A.**, 1301 Majestic Bldg., Detroit, Mich.
1911. MacLean, Malcolm B., 1503 Mallers Bldg., Chicago, Ill.
1911. MacManus, Mary W., 1475 Pearl St., Denver, Colo.
1912. MacMullen, Della M., 357 W. 63rd St., Chicago, Ill.
1913. MacMullen, Frank B., 317 S. State St., Ann Arbor, Mich.
1913. MacMullen, Harlen, 57 Poplar St., Manistee, Mich.
1891. Macrum, Charles A., 513 Eilers Bldg., Portland, Ore.
1914. Madden, Joel D., Lincoln Pl., Ossining, N. Y.
1891. Maddux, Daniel P., Eighth and Madison Sts., Chester, Pa.
1895. Maeder, John G., 123 W. 121st St., New York, N. Y.
1908. Maeder, John S., 123 W. 121st St., New York, N. Y.
1914. Majumdar, J. N., 203-I, Cornwallis St., Calcutta, India.
1914. Maldeis, Albertos M. K., 818 Federal St., Camden, N. J.
1913. Maloney, John H., Crozer Hospital, Chester, Pa.
1905. Maloney, Luther H., Savanna, Ill.
1915. Manittoff, Anna R., 28 Bryant St., Malden, Mass.
1908. Mann, Eugene L., 718 Lowry Bldg., St. Paul, Minn.
1905. Manning, Edward C., 718 Black Bldg., Los Angeles, Cal.
1913. Manning, Leonard, 441 Oakwood Blvd., Chicago, Ill.
1881. **MANSFIELD, JOB R.**, 5620 Germantown Ave., Philadelphia, Pa.
1913. Mansur, W. B., 814 Wayne Ave., Dayton, O.
1912. Maps, Howard L., 53 Passaic Ave., Passaic, N. J.
1905. Marble, Pearl L., Liscomb, Ia.
1914. Marcy, William H., 32 W. Utica St., Buffalo, N. Y.
1890. **MARSHALL, ROBERT S.**, 424 Shady Ave., Pittsburgh, Pa.
1909. Marston, Charles B., 968 Fourth St., San Rafael, Cal.
1871. **MARTIN, CONSTANTINE H.**, Allentown, Pa.
1893. Martin, Eleanor F., Altadena, Cal.
1899. Martin, Frederick H., Round Lake, Ill.
1891. Martin, G. Forrest, Wyman's Exchange, Lowell, Mass.
1889. **MARTIN, GEORGE H.**, Altadena, Cal.
1905. Martin, James T., Peoples Sav. Bk. Bldg., Sacramento, Cal.
1913. Martin, John S., 324 E. Adams St., Muncie, Ind.
1891. Martin, Lynn A., 177 Washington St., Binghamton, N. Y.
1912. Martin, William J., 636 Trenton Ave., Wilkinsburg, Pa.
1915. Martin, Wm. L., 1905 Mt. Vernon St., Philadelphia, Pa.
1909. Mas, Raymond del, Hugo, Minn.
1903. Mason, Gilbert M., 354 Adams St., Boston, Mass.

1912. Massey, Franklin F., Wernersville, Pa.
1911. Massie, Andrew M., David Hewes Bldg., San Francisco, Cal.
1899. Mastin, James W., 719 Mack Bldg., Denver, Col.
1912. Matchan, Glenn R., 312 Masonic Temple, Minneapolis, Minn.
1910. Mather, Joseph, 1110 W. Walnut St., Independence, Mo.
1913. Matheson, Arne, Neillsville, Wis.
1914. Mathewson, Frank W., 99 Clinton St., New Bedford, Mass.
1910. Matthews, Thomas H., Box 301, R. F. D., San Gabriel, Cal.
1911. Mattison, Norman D., 33 W. 42nd St., New York, N. Y.
1906. Mattoli, Agostino, Via Sistina, 60, Rome, Italy.
1909. Mattoli, Dandolo, 17 Via Montebello, Florence, Italy.
1892. Mattson, Alfred S., Bee Bldg., Omaha, Neb.
1894. Maurer, Joseph M., 97 W. Wheeling St., Washington, Pa.
1913. Maxon, J. G., Harvard, Ill.
1913. Maxson, Mary V., 2237 Warren Ave., Chicago, Ill.
1915. Maxwell, Earl B., Van Buren, Ohio.
1892. Maxwell, Lewis K., 1615 22nd St., Toledo, O.
1912. Maxwell, William F., 1547 Nicholas Bldg., Toledo, O.
1895. May, George E., 661 Commonwealth Ave., Newton Centre, Mass.
1891. Mayer, Charles R., 919 St. Charles Ave., New Orleans, La.
1913. Mayer, John P., 4400 N. Broad St., Philadelphia, Pa.
1903. Maynard, Herbert E., 80 Church St., Winchester, Mass.
1899. McBean, George M., 817 Marshall Field Bldg., Chicago, Ill.
1909. McBride, John B., 43 S. Fifth St., Zanesville, O.
1908. McBride, Martha A., 43 S. Fifth St., Zanesville, O.
1902. McBurney, Benjamin A., 247 N. Parkside Ave., Chicago, Ill.
1909. McCall, John H., Allerton, Ia.
1910. McCann, Thomas A., 115 N. Perry St., Dayton, O.
1905. McCartney, William H., 317 Utica Bldg., Des Moines, Ia.
1902. McCauley, E. S. H., Beaver, Pa.
1896. McCauley, John C., 320 Connecticut Ave., Rochester, Pa.
1908. McChesney, M. Josephine, Osceola, Neb.
1900. McCleary, Joseph R., 405 Mercantile Library Bldg., Cincinnati, O.
1884. **McCLELLAND, ROBERT W.**, Fifth and Wilkins Ave, Pittsburgh, Pa.
1913. McClenathan, L. F., Hotel LaSalle, Chicago, Ill.
1905. McColl, John, 1208 Chapline St., Wheeling, W. Va.
1913. McComb, John P., 1511 Florencedale St., Youngstown, O.
1896. McCormick, A. Lee, 3110 Woodburn Ave., Cincinnati, O.
1913. McCormick, J. P., 417 Jasper Ave., W. Edmonton, Alberta, Can.
1912. McCoy, Charles M., 5 S. Brown St., Lewiston, Pa.
1909. McCreary, Wm. L., 421 W. Clinch Ave., Knoxville, Tenn.
1905. McCrillis, Mary F., 800 Davis St., Evanston, Ill.
1914. McCullough, John H., 523 E. State St., Trenton, N. J.
1915. McDermott, J. J., 17 E. 111th St., New York, N. Y.
1905. McDonald, Alexander R., 935 Marshall Field Bldg., Chicago, Ill.
1874. **McDONALD, WILLIAM O.**, 519 Fifth St., Brooklyn, N. Y.
1886. **McDOWELL, CHARLES**, 117 W. 12th St., New York, N. Y.
1891. McDowell, George W., 40 E. 41st St., New York, N. Y.
1908. McDowell, Gilbert T., Gladbrook, Ia.
1912. McDowell, William C., 854 Fullerton Ave., Chicago, Ill.
1894. McElwee, L. Claude, 1221 N. Grand Ave., St. Louis, Mo.
1905. McFarland, John, 317 W. State St., Centerville, Ia.
1913. McGee, Rea P., 605 Mack Bldg., Denver, Col.
1915. McGee, William G., 3rd Ave. and 2nd St., Tillamook, Ore.
1869. **McGEORGE, WALLACE**, 521 Broadway, Camden, N. J.
1909. McIntire, Marshall C., Farmer City, Ill.
1889. **McKINNEY, SAMUEL P.**, 532 Bradbury Bldg., Los Angeles, Cal.
1891. McKinstry, Frank P., Washington, N. J.
1901. McKnight, William C., 13 Central Park, W., New York, N. Y.

McLEAN

1908. McLean, William, 391 West End Ave., New York, N. Y.
1891. McMichael, Arkell R., 971 Madison Ave., New York, N. Y.
1903. McMichael, Jacob E., 50 W. 89th St., New York, N. Y.
1912. McNeill, Charles A., 137 E. 18th St., Erie, Pa.
1913. McNeerney, N. H., Corning, O.
1909. McVey, John H., Hood River, Ore.
1901. Mead, Walter G., 585 Kearny Ave., Arlington, N. J.
1895. Meade, Stephen J. D., Grand Hotel, Cincinnati, O.
1891. Means, Joseph W., Troy, O.
1912. Meck, Gertrude K., 719 Rose Bldg., Cleveland, O.
1908. Melendy, Robert A., 3901 Cottage Grove Ave., Chicago, Ill.
1912. Meley, Edward J., 600 Penn Ave., Turtle Creek, Pa.
1894. Mellies, Charles, 3825 N. 20th St., St. Louis, Mo.
1906. Mellies, George A., 2917 St. Louis Ave., St. Louis, Mo.
1909. Mellon, Ralph R., 224 Aspinwall Ave., Brookline, Mass.
1915. Mencher, Simon, 556 2nd Ave., New York, N. Y.
1912. Meng, William L., 323 Birch Ave., Fergus Falls, Minn.
1915. Mentzer, Clayton A., Waynesboro, Pa.
1871. **MERCER, ROBERT P.**, 223 W. 3d St., Chester, Pa.
1908. Mercer, Warren C., 24 S. 21st St., Philadelphia, Pa.
1914. Merrell, Albert F., 4 Pine St., Hallstead, Pa.
1907. Merriam, Henry E., Ithaca, N. Y.
1905. Merrill, Henry H., 317 S. Central Pk. Blvd., Chicago, Ill.
1913. Merrill, William O., Box 42, N. E. Sta., Detroit, Mich.
1913. Merz, Henry G., 5 German Bldg., Hammond, Ind.
1898. Metcalf, Frank A., 5300 Prairie Ave., Chicago, Ill.
1902. Metcalf, Hiram H., 93 W. Main St., Shelby, O.
1906. Metzger, Irvin D., 2nd National Bk. Bldg., Pittsburgh, Pa.
1913. Meyer, Emil W., S. A. Dev. Co., Guayaquil, Ecuador, S. A.
1915. Meyer, J. G., 616 E. Capitol Ave., Springfield, Ill.
1913. Michael, Addison, 3½ Connor St., Noblesville, Ind.
1894. Miessler, C. F., Crete, Will County, Ill.
1887. **MILBANK, WILLIAM E.**, 111 State St., Albany, N. Y.
1889. **MILLER, BYRON E.**, 816 Broadway Bldg., Portland, Ore.
1912. Miller, Charles H., 112 W. 96th St., New York, N. Y.
1906. Miller, Charles R., 1902 Market St., Harrisburg, Pa.
1905. Miller, Daniel W., Blackwell, Okla.
1906. Miller, Edward A., 8 E. Central St., Natick, Mass.
1913. Miller, Gardner L., 286 Benefit St., Providence, R. I.
1912. Miller, George W., 825 Reibold Bldg., Dayton, O.
1913. Miller, Henry C., 6049 Dorchester Ave., Chicago, Ill.
1911. Miller, Harold W., 907 Belmont Ave., Chicago, Ill.
1907. Miller, Jas. D., 70 W. 52d St., New York, N. Y.
1908. Miller, M. Ethel R., Blackwell, Okla.
1914. Miller, Otis F., Vine Grove, Ky.
1867. **MILLER, ROBERT E.**, Oxford, N. Y.
1898. Miller, Robert P., Albia, Ia.
1908. Miller, Robert P., Broad St., Hopewell, N. J.
1905. Miller, Seth S., 119 Main St., Susquehanna, Pa.
1914. Miller, Theo. E., Hotel Sherman, Chicago, Ill.
1909. Mills, Charles S., 411 Lippincott Ave., Riverton, N. J.
1908. Mills, Earnest P., 20 Lewis Block, Ogden, Utah.
1887. **MILLSOP, SARAH J.**, Loma Linda, Cal.
1911. Minahan, Thomas, 300 3d St., Carnegie, Pa.
1913. Minahan, Thomas, Jr., N. Main St., Hubbard, O.
1902. Minaker, Andrew J., David Hewes Bldg., San Francisco, Cal.
1900. Miner, Frederick C., 1134 Forest Ave., New York, N. Y.
1898. Miner, James B., Charles City, Ia.
1901. Minor, Mary E., 2309 Highland Ave., Cincinnati, O.
1888. **MINTON, HENRY B.**, 165 Joralemon St., Brooklyn, N. Y.

MUNCIE

1913. Miraglia, Francesco, 446 E. 117th St., New York, N. Y.
 1896. Mitchell, Clifford, 25 E. Washington St., Chicago, Ill.
 1915. Mitchell, Howard D., 1527 Hemphill St., Ft. Worth, Tex.
 1875. **MITCHELL, JOHN N.**, 1505 Spruce St., Philadelphia, Pa.
 1909. Mitchell, Joseph R., 848 Montrose Ave., Chicago, Ill.
 1903. Mitchell, Roy E., 206½ S. Barstow St., Eau Claire, Wis.
 1915. Mocas, Demetrius P., 57 Spruce St., Manchester, N. H.
 1913. Moe, Chester C., 6820 Windsor Ave., Berwyn, Ill.
 1909. Moffat, Albert G., Howard Lake, Minn.
 1881. **MOFFAT, EDGAR V.**, 467 Main St., Orange, N. J.
 1881. **MOFFAT, JOHN L.**, 116 Ferris Pl., Ithaca, N. Y.
 1910. Mohler, George C., R. F. D. 4, Robinson, Ill.
 1909. Mohn, Daniel L., Ashland, O.
 1911. Moister, Roger W., 7 Norwood Ave., Summit, N. J.
 1876. **MONMONIER, JULIUS L.**, 480 Classon Ave., Brooklyn, N. Y.
 1906. Montague, Charles E., 26 Chestnut St., Wakefield, Mass.
 1913. Montague, William C., 312 A. T. Bldg., Evansville, Ind.
 1911. Moody, Charles W., 101 West Main St., Plainville, Conn.
 1896. Moon, Seymour B., Westinghouse Bldg., Pittsburgh, Pa.
 1913. Moore, Alfred M., 612 Mack Block, Denver, Colo.
 1913. Moore, Arnold W., London, N. H.
 1905. Moore, Arthur S., Middletown, N. Y.
 1909. Moore, Charles L., 6933 Detroit Ave., Cleveland, O.
 1914. Moore, Frank F., 862 Haddon Ave., Camden, N. J.
 1914. Moore, Fredrika, 31 Church St., Winchester, Mass.
 1892. Moore, J. Herbert, 1339 Beacon St., Brookline, Mass.
 1905. Moore, Samuel B., 445 West End Ave., New York, N. Y.
 1915. Moore, Samuel M., University Bldg., Evanston, Ill.
 1913. Morehouse, Cecil G., Waukon, Ia.
 1903. Moreland, George B., 2d National Bank Building, Pittsburgh, Pa.
 1913. Morgan, Ed. M., 4173 Western Ave., Westmount, Montreal, Que.
 1884. **MORGAN, WILLIAM L.**, 202 W. Franklin St., Baltimore, Md.
 1908. Morin, Harry F., 72 Front St., Bath, Me.
 1914. Morley, Francis W., 2647 Monroe St., Toledo, O.
 1903. Morris, Frances M., 803 Boylston St., Boston, Mass.
 1909. Morris, Frederick S., 5304 Liberty Ave., Pittsburgh, Pa.
 1909. Morris, Isaiah S., 1101 D. Whitney Bldg., Detroit, Mich.
 1884. **MORRIS, JOHN W.**, Box 717, Wheeling, W. Va.
 1905. Morris, Robert N., 7 W. Madison St., Chicago, Ill.
 1902. Morris, William T., 1407 Chapline St., Wheeling, W. Va.
 1912. Morrison, Frank A., 821 N. Water St., Uhrichsville, O.
 1913. Morrison, Hugh E., 127 Stephenson St., Freeport, Ill.
 1869. **MORSE, MARTIN V. B.**, Manchester, N. H.
 1908. Mosby, George, 422 Dalziel Bldg., Oakland, Cal.
 1899. Moseley, George T., 202 Delaware Ave., Buffalo, N. Y.
 1913. Moser, Edward, Woodburn, Ind.
 1891. Mosher, Mary E., The Warren, Roxbury, Boston, Mass.
 1913. Moss, Benjamin J., 3310 5th St., San Diego, Cal.
 1869. **MOSSMAN, NATHAN A.**, Norwalk, Conn.
 1915. Moth, Morris J., 543 E. 34th St., Chicago, Ill.
 1911. Moth, Robert S., Council Bluffs, Ia.
 1912. Moulton, Eugene A., 839 Wellington St., Chicago, Ill.
 1913. Moulton, Horace P., Petersburg, Ill.
 1913. Moyer, Herbert T., 1 E. Main St., Lansdale, Pa.
 1909. Moyer, Isaiah L., 6th and Chestnut Sts., Columbia, Pa.
 1902. Muhleman, Charles L., 611 Market St., Parkersburg, W. Va.
 1905. Mulder, Cornelius D., Spring Lake, Mich.
 1901. Muller, Charles W., 339 E. 87th St., New York, N. Y.
 1911. Mullin, John W., 918 West St., Wilmington, Del.
 1899. Muncie, Elizabeth H., 119 Macon St., Brooklyn, N. Y.

MUNCY

1911. Muncy, William M., 23 Waterman St., Providence, R. I.
1892. Munns, Charles O., Oxford, O.
1905. Munson, Albert S., De Land, Fla.
1901. Munson, Edwin S., 8 W. 49th St., New York, N. Y.
1891. Munson, Milton L., 1503 Pacific Ave., Atlantic City, N. J.
1912. Murphy, Alice Z. P., 600 Academy St., New York, N. Y.
1913. Murphy, Chester H., 1321 E. Michigan Ave., Lansing, Mich.
1915. Murray, Francis H., Children's Hom. Hosp., Philadelphia, Pa.
1909. Murray, James I., 40 E. Willis St., Detroit, Mich.
1911. Muth, Frederick L., 301 Caldwell Ave., Wilmerding, Pa.
1893. Myers, Amos J., Creston, Ia.
1901. Myers, Dean W., Ann Arbor, Mich.
1913. Myers, Vincent M., 306 W. 23rd St., Wilmington, Del.
1911. Nagle, Frank O., 1825 Chestnut St., Philadelphia, Pa.
1910. Nair, Isabel P., Winnebago, Wis.
1915. Nanavati, J. P., Richey Rd., Ahmedabad, India.
1902. Nash, Eugene B., Cortland, N. Y.
1913. Naylor, George I., 303 S. State St., Ann Arbor, Mich.
1912. Nedden, Frederick Z., 728 42d St., Milwaukee, Wis.
1893. Neiberger, William E., 402 W. Jefferson St., Bloomington, Ill.
1915. Neitz, Eugene P., 9925 Buckeye Rd., Cleveland, Ohio.
1909. Nesbit, Edwin L., 845 Lancaster Pike, Bryn Mawr, Pa.
1908. Netherton, Frederick F., Clinton, Mo.
1913. Newkirk, Harris D., 408 Donaldson Bldg., Minneapolis, Minn.
1903. Newton, Carrie E., 36 Holyoke St., Brewer, Me.
1909. Newton, Charles I., Geneseo, N. Y.
1895. Newton, Frank L., 34 Highland Ave., Somerville, Mass.
1901. Nicholas, George D., 219 Court St., Elyria, O.
1876. **NICHOLS, AMMI S.**, 800 Corbett Bldg., Portland, Ore.
1913. Nichols, Asa B., Mt. Carmel, Ill.
1880. **NICHOLS, CHARLES L.**, 38 Cedar St., Worcester, Mass.
1913. Nichols, Frank L., Sutherland, Ia.
1911. Nichols, George L., 723 Washington St., Hoboken, N. J.
1911. Nichols, Herbert S., 802 Corbett Bldg., Portland, Ore.
1903. Nichols, Walter E., 115 N. Marengo Ave., Pasadena, Cal.
1902. Nicholson, Harry S., 1612 Shady Ave., Pittsburgh, Pa.
1908. Nicoll, David T., 909 Kansas Ave., Topeka, Kan.
1902. Nobles, Wm. C. E., Main St., Littleton, N. H.
1910. Norman, Lee, 204 W. 109th St., New York, N. Y.
1893. Norris, Maria W., Shepard Bldg., Grand Rapids, Mich.
1889. **NORTON, ARTHUR B.**, 30 E. 55th St., New York, N. Y.
1906. Northrop, Herbert L., 1729 Arch St., Philadelphia, Pa.
1914. Nothdurft, Daniel H., Otis, Kan.
1913. Novinger, Jefferson T., 45 Metcalfe St., Montreal, Can.
1914. Nowell, Howard W., 535 Beacon St., Boston, Mass.
1914. Noyes, Ward R., American Bldg., Brattleboro, Vt.
1914. Nugent, W. Haggard, 432 Templar St., New Haven, Conn.
1908. Oatman, Homer C., 2437 Second St., San Diego, Cal.
1872. **OCKFORD, GEO. M.**, 99 W. Ridgewood Ave., Ridgewood, N. J.
1913. Ogden, Arthur W., 302 E. Washington St., Joliet, Ill.
1898. Ogden, Benjamin H., 718 Lowry Bldg., St. Paul, Minn.
1911. Ogden, George S., 641 E. 28th St., Brooklyn, N. Y.
1911. Ogle, Albert A., 225 Pythian Bldg., Indianapolis, Ind.
1914. Ohdedar, Girindra N., 2 Way Rd., Lucknow, India.
1913. Olds, Clifton B., Fostoria, O.
1893. Olmstead, Elmer D., 1926 Riverside Ave., Spokane, Wash.
1895. Opdyke, Levings A., 55 Clinton Ave., Jersey City, N. J.
1915. Oppermann, George M., 540 S. 6th Ave., Mt. Vernon, N. Y.
1893. Orleman, E. Louise, 32 Baggs St., Detroit, Mich.
1883. **ORMES, FRANCIS D.**, Jamestown, N. Y.

PEARSON

1909. Orr, Charles S., Yreka, Siskiyou Co., Cal.
 1909. Osgood, Elliott I., Chuchow, via Nanking, China.
 1913. Osgood, William W., 218 Equity Bldg., Muskogee, Okla.
 1876. **OSTROM, HOMER I.**, Waquoit, Mass.
 1914. O'Sullivan, Timothy J., 15 May St., Biddeford, Me.
 1901. Otis, John C., 319 Mill St., Poughkeepsie, N. Y.
 1913. Ottofy, Ladislaus M., 5228 Vernon Ave., St. Louis, Mo.
 1900. Overpeck, James W., 210 N. 3rd St., Hamilton, O.
 1881. **PACKARD, HORACE**, 470 Commonwealth Ave., Boston, Mass.
 1913. Padelford, F. Mason, 126 June St., Fall River, Mass.
 1903. Page, Clarence V., Sheldon, Ia.
 1913. Page, Harlan, Metropolitan Hosp., New York, N. Y.
 1905. Paine, Charles E., 694 St. Mark's Ave., Brooklyn, N. Y.
 1890. **PAINE, CLARENCE M.**, 629 Grant Bldg., Atlanta, Ga.
 1912. Paine, Josephine H., 4731 Lake Park Ave., Chicago, Ill.
 1877. **PAINE, N. EMMONS**, 1650 Washington St., West Newton, Mass.
 1899. Palen, Gilbert J., 501 Salem Ave., Woodbury, N. J.
 1911. Palisch, G. A., Frohna, Mo.
 1911. Pallister, Stanley W., 222 Jefferson Ave., Brooklyn, N. Y.
 1891. Palmer, Anna C., 51 Houston Ave., Mattapan, Mass.
 1912. Palmer, Clarence E., Hawarden, Ia.
 1899. Palmer, George H., Jackson and Steiner Sts., San Francisco, Cal.
 1912. Palmer, George W., 418 Mack Bldg., Denver, Colo.
 1904. Palmer, Helen C., 1017 L. A. Investment Bldg., Los Angeles, Cal.
 1911. Palmer, Isaac N., 1279 Haight Ave., Portland, Ore.
 1903. Palmer, John T., 306 Congress St., Portland, Me.
 1911. Palmer, Willard G., 1001 Green Bldg., Seattle, Wash.
 1881. **PARDEE, ENSIGN B.**, 74 W. 48th St., New York, N. Y.
 1906. Pardee, M. Clifford, 168 Macon St., Brooklyn, N. Y.
 1913. Park, Bertha S., 1080 Downing St., Denver, Colo.
 1913. Parker, Donna M. T., 314 Masonic Temple, Peoria, Ill.
 1915. Parker, Grace R., R. F. D., Bradentown, Fla.
 1909. Parker, James D., 718 Adams St., Sandusky, O.
 1913. Parker, Victor R., Osborne, Kan.
 1896. Parkhurst, Alice S., 1410 Park Ave., Baltimore, Md.
 1913. Parr, Samuel E., Armory Blk., Ottawa, Ill.
 1914. Parris, Roland O., 77 Lanark Road, Brookline, Mass.
 1899. Parsons, Clarice J., 347 St. James Ave., Springfield, Mass.
 1895. Parsons, Scott, Wall Bldg., St. Louis, Mo.
 1897. Parsons, Thomas, 975 East Ave., Rochester, N. Y.
 1899. Partridge, Barton S., 303-305 S. State St., Ann Arbor, Mich.
 1913. Partridge, Raymond B., East Rochester, N. Y.
 1910. Patch, Frank W., Woodside Cottage, Framingham, Mass.
 1873. **PATCHEN, GEORGE H.**, 13 Central Park West, New York, N. Y.
 1909. Paterson, Walter G., 1105 D. Whitney Bldg., Detroit, Mich.
 1900. Paterson, William, 1896 W. 65th St., Cleveland, O.
 1913. Patterson, Denver H., Box 184, Collinwood, O.
 1899. Patterson, Joseph M., 518 Bryant Bldg., Kansas City, Mo.
 1909. Patton, Eliza H., 186 Doan St., Cleveland, O.
 1915. Paul, Philipp D., 31 N. State St., Chicago, Ill.
 1899. Paul, Willard A., 48 Charlotte St., Grove Hall, Boston, Mass.
 1891. Pauly, Charles A., Union Trust Bldg., Cincinnati, O.
 1899. Paxson, Oliver H., 1821 Chestnut St., Philadelphia, Pa.
 1908. Payne, Bryan T., Lexington, Mo.
 1899. Payne, Clarence N., 510 Fairfield Ave., Bridgeport, Conn.
 1893. Payne, John H., 352 Commonwealth Ave., Boston, Mass.
 1915. Peake, F. Margaret, 209 Widlund Bldg., Grand Forks, N. D.
 1901. Peake, Francis, Jamestown, N. Dak.
 1901. Peake, Pauline H. B., 720 Rose Bldg., Cleveland, O.
 1913. Pearson, Edson D., 1380 Vernon St., Wabash, Ind.

PEARSON

1892. Pearson, Mary M., 45 Elliot St., Jamaica Plain, Boston, Mass.
1915. Pease, Frederick O., 233 E. 47th St., Chicago, Ill.
1913. Peck, Birdsey P., Eaton, Colo.
1879. **PECK, GEORGE B.**, 865 N. Main St., Providence, R. I.
1894. Peck, Grant S., 226 Majestic Bldg., Denver, Colo.
1900. Peck, John L., 322 Washington St., Scranton, Pa.
1914. Peck, Lester E., Buchanan, Mich.
1905. Peck, Raymond E., 310 Kirkwood Blvd., Davenport, Ia.
1911. Peckham, Harriet C., 1154 Sterling Place, Brooklyn, N. Y.
1908. Peet, Putnam F., 3327 Euclid Ave., Kansas City, Mo.
1907. Peffers, Ida B., Middlefield, O.
1877. **PENFIELD, SOPHIA**, 356 Main St., Danbury, Conn.
1911. Pennock, Henry R., 508 W. Ninth St., Wilmington, Del.
1870. **PENNOYER, NELSON A.**, Kenosha, Wis.
1887. **PERCY, FREDERICK B.**, Aspinwall Ave., Brookline, Mass.
1887. **PERCY, GEORGE E.**, 359 Essex St., Salem, Mass.
1914. Perkins, Allan A., 328 W. York St., Norfolk, Va.
1895. Perkins, Archie E., 99 Day St., Fitchburg, Mass.
1902. Perkins, C. Winfield, 234 Central Park West, New York, N. Y.
1884. **PERKINS, CHARLES W.**, 403 Broad St., Chester, Pa.
1899. Perkins, Nathaniel R., 1122 Adams St., Dorchester, Mass.
1907. Perkins, Robert S., 146 York St., Norfolk, Va.
1908. Perkins, Roscoe L., 2001 N. Second St., Harrisburg, Pa.
1913. Perrigard, Ernest N., 1839 Park Ave., Montreal, Can.
1914. Perry, Lillian G., 59 Magazine St., Cambridge, Mass.
1902. Perry, William H., Chesaning, Mich.
1915. Peters, Chester M., 1107 S. Market Ave., Canton, Ohio.
1900. Peters, Wilson L., Circleville, O.
1872. **PETTENGILL, ELIZA F.**, 300 N. 10th St., Philadelphia, Pa.
1912. Pettit, Harry H., 50 Franklin Ave., Ridgewood, N. J.
1912. Pettler, Samuel H., 705 3d Ave., New Brighton, Pa.
1913. Peyton, Dora W., Collins, Mont.
1913. Phelps, Haskell S., 114 W. 13th St., New York, N. Y.
1867. **PHILLIPS, ALBERT W.**, Derby, Conn.
1914. Phillips, Edward J., Corfu, N. Y.
1903. Phillips, Emma A., Box 91 R. F. D., Greene, R. I.
1910. Phillips, Lawrence C., 309 Blount Bldg., Pensacola, Fla.
1897. Phillips, Lincoln, 2355 Park Ave., Cincinnati, O.
1903. Phillips, Robert S., 194 Angell St., Providence, R. I.
1890. **PHILLIPS, R. OLIVER**, 257 Warburton Ave., Yonkers, N. Y.
1902. Phillips, William H., 1020 Rose Bldg., Cleveland, O.
1899. Piatti, Virgil C., Greenwich Ave., Greenwich, Conn.
1914. Pickard, Orlando W., 483 Grand River Ave., Detroit, Mich.
1903. Pierce, Helen F., 6 North St., Plymouth, Mass.
1911. Pierson, Frank F., 1007 Jefferson St., Wilmington, Del.
1913. Pierson, Hermon W., 116 S. Michigan Ave., Chicago, Ill.
1901. Pierson, William H., 101 McDonough St., Brooklyn, N. Y.
1914. Pillsbury, Curtis D., 1105 E. Washington St., Ann Arbor, Mich.
1901. Pinkham, Charles B., 135 Stockton St., San Francisco, Cal.
1910. Pintler, Hiram E., 415 S. Adams St., Peoria, Ill.
1910. Pintler, Howard L., 200 S. Adams St., Peoria, Ill.
1899. Piper, Frederick S., Massachusetts Ave., Lexington, Mass.
1906. Piper, Robert L., 1225 Logan Ave., Tyrone, Pa.
1910. Piper, Stewart S., 418 Euclid Ave., Elmira, N. Y.
1906. Piper, William S., 115 Locust St., Clearfield, Pa.
1914. Pitcairn, Edward A., 806 Rebecca Ave., Wilkinsburg, Pa.
1905. Pitts, Sollis O., Alda, Neb.
1902. Ploucher, William A., 3200 Howell St., Philadelphia, Pa.
1915. Pollach, Paul, 1115 N. Robey St., Chicago, Ill.
1908. Pollock, Florence M., 721 E. McMillan St., Cincinnati, O.

RAYNOR

1905. Pollock, Henry M., Norwich Hospital for Insane, Norwich, Conn.
1913. Pollock, Lillian E., 3434 17th Ave., Denver, Colo.
1909. Pond, Edward H., 307 S. Negley Ave., Pittsburgh, Pa.
1908. Pond, Issi O., Sioux Rapids, Ia.
1890. **POPPEL, CHARLES F.**, 904 W. Main St., Decatur, Ill.
1887. **PORTER, EUGENE H.**, Upper Lisle, N. Y.
1894. Posey, Louis P., 1807 Walnut St., Philadelphia, Pa.
1899. Potter, Clarence A., State Hosp., Collins, N. Y.
1908. Potter, Clarence D., 135 Stockton St., San Francisco, Cal.
1914. Potter, Mary E., 290 DeKalb Ave., Brooklyn, N. Y.
1899. Powel, Franklin, 241 E. 5th St., Chester, Pa.
1894. Powel, Milton, 375 West End Ave., New York, N. Y.
1909. Powel, William R., 6824 Quincy St., Philadelphia, Pa.
1913. Powell, Charles A., A. C. Mission, Chao Hsien, Via Wuhu, China.
1915. Powell, Leo M., 1771 Madison Ave., New York, N. Y.
1888. **POWELL, WILLIAM C.**, Bryn Mawr, Pa.
1910. Power, Claude A., Pulaski, Ia.
1874. **PRATT, EDWIN H.**, 25 E. Washington St., Chicago, Ill.
1891. Pratt, Trimble, Media, Pa.
1912. Prentiss, Jennie B., 218 N. 5th St., Steubenville, O.
1913. Presley, Isaac N., Ellettsville, Ind.
1891. Price, Eldridge C., 1012 Madison Ave., Baltimore, Md.
1903. Price, William H., 801 Prospect Place, Brooklyn, N. Y.
1905. Prior, James H., 1738 Broad St., Providence, R. I.
1911. Prish, William J., 79 E. Main St., Fredonia, N. Y.
1913. Pronger, Emma D., 736 Vine St., Denver, Colo.
1915. Prout, Charles D., Spring Lake, N. J.
1914. Prugh, Merrill D., 1121 N. Main St., Dayton, O.
1901. Pulford, William H., 88 N. Sandusky St., Delaware, O.
1902. Pulver, Frank A., 88 Water St., Torrington, Conn.
1893. Pursell, James P., Grand View, Sellersville, Pa.
1913. Putnam, Arthur C., 200 Farmers Bk. Bldg., Marshall, Mo.
1910. Putnam, Carolyn E., 207 E. 31st St., Kansas City, Mo.
1887. **PUTNAM, WILLIAM B.**, 34 Wilder Ave., Hoosick Falls, N. Y.
1902. Putney, Willis S., 55 Broad St., Milford, Conn.
1899. Pyle, Harold W., 5 W. College St., Oberlin, O.
1913. Quackenbush, Arnley, 143 Nepean St., Ottawa, Ont.
1906. Quackenbush, Frederick B., 4700 Chester Ave., Philadelphia, Pa.
1909. Quantius, Leland F., McPherson, Kan.
1891. Quay, George H., 820 Rose Bldg., Cleveland, O.
1905. Quenzer, John F., 2815 N. Racine Ave., Chicago, Ill.
1914. Quick, Audley V., 204 Washington Ave., Yonkers, N. Y.
1903. Quilliams, Frederick F., 12104 Euclid Ave., Cleveland, O.
1901. Rabe, Rudolph F., 616 Madison Ave., New York, N. Y.
1914. Rafacz, Michael E., St. Margaret's Hosp., Hammond, Ind.
1893. Raines, Taylor E., 6th St. and Broadway, Concordia, Kan.
1903. Rambo, William S., 43 Plymouth Ave., N., Rochester, N. Y.
1899. Ramsdell, Oscar L., 309 E. Mitchell St., Petoskey, Mich.
1912. Ramsey, Harvey E., 3715 California Ave., Pittsburgh, Pa.
1885. **RAND, JOHN P.**, 5 Benefit St., Worcester, Mass.
1904. Randall, Edward G., Waterville, N. Y.
1914. Rankin, Donald T., Hom. Hosp., Pittsburgh, Pa.
1881. **RANKIN, EGBERT G.**, 175 W. 58th St., New York, N. Y.
1902. Rankin, John F., 852 Park Place, Brooklyn, N. Y.
1909. Raschke, Emil H., 106 S. 5th Ave., La Grange, Ill.
1899. Raue, C. Sigmund, 1431 Spruce St., Philadelphia, Pa.
1905. Ray, Darka N., Ray Lodge, Beadon Square, Calcutta, India.
1906. Ray, Mary E., 520 Keeler Ave., Bartlesville, Okla.
1914. Raymond, Bertha C., 7411 Bond Ave., Chicago, Ill.
1907. Raynor, George F., 249 E. 176th St., New York, N. Y.

READING

1881. **READING, J. HERBERT**, 1811 Green St., Philadelphia, Pa.
1888. **READING, THOMAS**, Hatboro, Pa.
1913. Records, John N., 349 W. Jefferson St., Franklin, Ind.
1883. **REDDISH, ALBERT W.**, Sidney, O.
1910. Reed, Francis A., Eustis, Fla.
1914. Reed, Fred R., 2587 Woodward Ave., Detroit, Mich.
1914. Reed, Grace D., Mass. Hom. Hosp., Boston, Mass.
1904. Reed, Ralph W., 704 Elm St., Cincinnati, O.
1885. **REED, ROBERT G.**, Woonsocket, R. I.
1896. Reed, Robert G., 712 Provident Bank Bldg., Cincinnati, O.
1885. **REED, THOMAS E.**, 337 Main St., Middletown, O.
1911. Rees, Owen C., 237 Michigan St., Toledo, O.
1888. **REEVES, JOSEPH M.**, 1525 Spruce St., Philadelphia, Pa.
1915. Reich, Solomon, 110 E. 114th St., New York, N. Y.
1897. Reily, Walter E., 526 Court St., Fulton, Mo.
1899. Reinhold, Hannah C., 761 W. 4th St., Williamsport, Pa.
1913. Reitz, Charles B., Hom. State Hosp., Allentown, Pa.
1910. Remer, Wm. H., Chaseburg, Wis.
1901. Renwick, Ward J., 102 Goff St., Auburn, Me.
1911. Replogle, H. B., 612 Fourth St., Altoona, Pa.
1908. Replogle, Peter S., Champaign, Ill.
1913. Reusser, Amos, Berne, Ind.
1912. Reynolds, Harry C., Passaic Ave., Passaic, N. J.
1901. Reynolds, John N., Grand Haven, Mich.
1912. Rice, Frederick T., N. W. Military Acad., Highland Park, Ill.
1895. Rice, George B., 220 Clarendon St., Boston, Mass.
1909. Rice, Jesse A., 3815 E. 14th St., Oakland, Cal.
1912. Rice, Milton, Hilo, Hawaii.
1905. Rice, Philip, Physicians' Bldg., San Francisco, Cal.
1906. Richards, Frank L., Mt. Joy, Pa.
1905. Richards, Frank O., Winterset, Ia.
1886. **RICHARDS, GEORGE E.**, 32 N. State St., Chicago, Ill.
1887. **RICHARDS, LLEWELLYN B.**, Liverpool, N. Y.
1896. Richards, R. Milton, 1329 D. Whitney Bldg., Detroit, Mich.
1890. **RICHARDSON, ANDREW J.**, 39 E. 83d St., New York, N. Y.
1872. **RICHARDSON, BRADBURY M.**, 151 Milton St., Brooklyn, N. Y.
1910. Richardson, Edmon E., 1620 Broadway, Mattoon, Ill.
1895. Richardson, Edward B., 33 Bank St., Attleboro, Mass.
1905. Richardson, Everett E., 713 Wilson Ave., Webster City, Ia.
1911. Richardson, Florence A., 2513 Irving Ave., S., Minneapolis, Minn.
1886. **RICHARDSON, FRANK C.**, 295 Commonwealth Ave., Boston, Mass.
1891. Richardson, George W., 138 E. 79th St., New York, N. Y.
1876. **RICHARDSON, WILLIAM C.**, Bayshore Blvd., Tampa, Fla.
1913. Richberg, Eloise O., 2227 Calumet Ave., Chicago, Ill.
1909. Richer, Jacob D., 212 E. Market St., Warsaw, Ind.
1906. Richie E. Roberts, Oak St., Brewster, N. Y.
1905. Richmond, Ysabel G., 22 E. Washington St., Chicago, Ill.
1891. Ricker, Marcena S., 58 Lorimer St., Rochester, N. Y.
1909. Ridge, Alice M., Lewis Blk., Ogden, Utah.
1883. **RIDGE, JONATHAN T.**, 1428 N. Broad St., Philadelphia, Pa.
1912. Ridgeway, Mary Doris, 5348 Wayne Ave., Philadelphia, Pa.
1913. Ridley, Sylvester R., Mineral Point, Wis.
1897. Rieger, Joseph, 509 Central Ave., Dunkirk, N. Y.
1912. Rinehart, Stanley M., 7311 Jenkins Arcade, Pittsburgh, Pa.
1911. Ring, Arthur H., 283 Park Ave., Arlington Heights, Mass.
1906. Rink, Walter S., 160 McDonough St., Brooklyn, N. Y.
1893. Ripley, George H., Kenosha, Wis.
1907. Ritch, Orlando S., 78 Halsey St., Brooklyn, N. Y.
1911. Ritchie, Charles A., 210 Equitable Bldg., Wilmington, Del.

1902. Robbins, A. Jerome, Mena, Ark.
1913. Robbins, Frederick C., Hornell, N. Y.
1892. Roberts, David J., Center Ave., New Rochelle, N. Y.
1903. Roberts, Frank E., 100 Huntington Ave., Boston, Mass.
1892. Roberts, George W., 170 West 59th St., New York, N. Y.
1907. Roberts, Herbert A., 38 Elizabeth St., Derby, Conn.
1913. Roberts, Marion W., Box 806, Jerome, Ariz.
1900. Roberts, Oscar W., 4 Chestnut St., Springfield, Mass.
1910. Roberts, Thomas G., 814 E. 42d St., Chicago, Ill.
1901. Roberts, William B., Pillsbury Bldg., Minneapolis, Minn.
1908. Roberts, William C., 203 E. Broadway, Owatonna, Minn.
1913. Robertson, James, 1367 Wellington St., Verdun, Montreal, Quebec.
1900. Robinson, Clarence G., 509 Clay Ave., Jeannette, Pa.
1891. Robinson, Franklin E., Carthage, N. Y.
1899. Robinson, Nathaniel, 89 Halsey St., Brooklyn, N. Y.
1913. Robinson, S. Miles, The Athens, Ardmore, Pa.
1905. Robinson, Theophilus C., 6130 Compton St., Los Angeles, Cal.
1893. Roby, George F., 1311 Yale Pl., Minneapolis, Minn.
1914. Rocho, Victor L., 4044 California St., San Francisco, Cal.
1899. Rockwell, Alfred E. P., 248 Main St., Worcester, Mass.
1881. **ROCKWELL, JOHN A.**, Box 236 Harriman, Tenn.
1899. Rockwell, John A., Jr., 24 Garden St., Cambridge, Mass.
1914. Rodger, James Y., 44 Houghton St., Lowell, Mass.
1915. Rodgers, Frank A., 61 Cambridge St., Rochester, N. Y.
1905. Roemer, Jacob F., 122 N. Genesee St., Waukegan, Ill.
1915. Roger, Joseph H., 1227 15th Ave., San Francisco, Cal.
1905. Rogers, Harry, 462 Main St., Orange, N. J.
1912. Rogers, Mary J., 453 N. Beach St., Daytona, Fla.
1909. Rogers, William H., 1541 Mack Ave., Detroit, Mich.
1911. Rogers, William T., 82 Jackson St., Trenton, N. J.
1912. Rohrbacher, William M., 111½ E. Washington St., Iowa City, Ia.
1912. Rohrkaste, Walter C., Alabama & W. Liberty Av., Pittsburgh, Pa.
1905. Rolston, William T., 25 First Nat. Bk. Bldg., Cape Girardeau, Mo.
1908. Romaine, Hannah M., P. O. Box 1296, Los Angeles, Cal.
1906. Roman, Desiderio, 1429 Poplar St., Philadelphia, Pa.
1903. Root, Stella Q., 39 Broad St., Stamford, Conn.
1913. Roper, Frederick E., 15 Henry St., Norwich, N. Y.
1905. Rosat, Lina M., 415 Bankers' Life Bldg., Lincoln, Neb.
1913. Rose, Henry W., 644 Halsey St., Brooklyn, N. Y.
1912. Rose, James J., Marshall, Ill.
1913. Rose, Marie F., 15 Turlington Ave., Harvey, Ill.
1915. Rosenthal, Joseph D., 1387 St. Mark's Ave., Brooklyn, N. Y.
1895. Ross, Alice I., Whittier, Linn Co., Ia.
1913. Ross, George H., Humboldt, Kan.
1908. Ross, Louise, 1801 Calvert St., N. W., Washington, D. C.
1912. Roudabush, David M., 1516 12th Ave., Altoona, Pa.
1914. Rounds, Fred C., 2830 E. 3rd St., Dayton, O.
1915. Roush, Dwight I., 35 N. Laurel Ave., Chicago, Ill.
1913. Rowe, Paul G., 620 14th St., Denver, Colo.
1914. Rowell, E. Everett, 325 Atlantic St., Stamford, Conn.
1912. Rowland, Justin E., South Euclid, O.
1913. Rowland, William D., 400 Kinmonth Bldg., Asbury Park, N. J.
1915. Roy, Keshub K., 43 Ashutosh Dey Lane, Calcutta, Bengal, India.
1891. Royal, George, 322 Good Block, Des Moines, Ia.
1915. Royal, Lester A., Masonic Bldg., West Liberty, Iowa.
1906. Royal, Malcolm A., 322 Good Block, Des Moines, Ia.
1915. Royal, Paul A., Green Gables, Lincoln, Neb.
1897. Royal, T. Cook, Summit, N. J.
1897. Rudderow, Edward D., 616 Madison Ave., New York, N. Y.
1915. Rudolph, Myron P., 4712 Lytle St., Pittsburgh, Pa.

RUDORF

1905. Rudorf, Paul, Hinsdale, Ill.
1907. Ruggles, William L., 349 North Blvd., Oak Park, Ill.
1890. **RUMSEY, CHARLES L.**, 812 Park Ave., Baltimore, Md.
1913. Runnels, David S., 772 College Ave., Appleton, Wis.
1875. **RUNNELS, MOSES T.**, 12th and McGee Sts., Kansas City, Mo.
1873. **RUNNELS, ORANGE S.**, 1100 N. Meridian St., Indianapolis, Ind.
1907. Runnels, Scott C., 900 Scott St., Little Rock, Ark.
1887. **RUNNELS, SOLLIS**, 241 N. Pennsylvania St., Indianapolis, Ind.
1880. **RUSHMORE, EDWARD**, 429 Park Ave., Plainfield, N. J.
1880. **RUSSEQUE, HENRY E.**, 74 Farmington Ave., Hartford, Conn.
1914. Russell, Antoinette E. C., 5348 Wayne Ave., Germantown, Philadelphia, Pa.
1892. Russell, H. Everett, 330 W. 108th St., New York, N. Y.
1890. **RUSSELL, HENRY A.**, 1127 Towers Ave., Superior, Wis.
1913. Russell, Lida B., 1136 Logan St., Denver, Colo.
1905. Russell, Marion O., 1361 E. 57th St., Chicago, Ill.
1913. Russell, Plummer D., 118 Opera House Block, Pueblo, Colo.
1913. Rust, Carl H., 905 Rose Bldg., Cleveland, O.
1913. Ryder, W. B., 716 S. 4th St., Clinton, Ia.
1903. Sackett, Henry R., 207 Walnut St., Holyoke, Mass.
1913. Sackin, David, Flower Hosp., New York, N. Y.
1909. Saddler, Jesse L., 756 Rose Bldg., Cleveland, O.
1913. Sage, Harry M., 523 Packard St., Ann Arbor, Mich.
1892. Sage, Henry P., 48 Howe St., New Haven, Conn.
1899. Sager, Cyril W., 108 Main St., Titusville, Pa.
1911. Salisbury, George J., 659 Rose Bldg., Cleveland, O.
1894. Salisbury, Samuel S., Baker-Detwiler Bldg., Los Angeles, Cal.
1914. Salvin, Louis W., 49 Intervale St., Roxbury, Boston, Mass.
1906. Sample, Clyde W., 800 Wood St., Wilksburg, Pa.
1914. Sampson, David G., Doctor's Office, Armour Co., Chicago, Ill.
1909. Sampson, William A., 1426 California St., San Francisco, Cal.
1911. Sanders, Harold A., 864 St. John's Place, Brooklyn, N. Y.
1909. Sandy, Benjamin B., Elgin, Mont.
1913. Sanford, Burton J., 1211 Nicholas Bldg., Toledo, O.
1895. Sanger, Henry M., 90 Waterman St., Providence, R. I.
1902. Sankey, Brant E., 54 N. Jefferson St., New Castle, Pa.
1915. Sappington, Ernest F., 816 15th St., Washington, D. C.
1909. Sargent, John G., Centralia, Wash.
1871. **SARTAIN, HARRIET J.**, 212 W. Logan Square, Philadelphia, Pa.
1910. Saunders, Annetta A., 919 N. La Salle Ave., Chicago, Ill.
1910. Saunders, Charles B., 919 N. La Salle Ave., Chicago, Ill.
1913. Saunders, Daniel R., 169 E. Jefferson St., Franklin, Ind.
1902. Sawers, Frank C., 5130 Second Ave., Pittsburgh, Pa.
1890. **SAWTELLE, BENJAMIN A.**, Greenwich, Mass.
1893. Sawyer, Charles E., White Oaks Farm, Marion, O.
1898. Sawyer, Eugene W., 7155 Vincennes Road, Chicago, Ill.
1913. Sawyer, Walter J., R. F. D., No. 3, South Brooklyn, O.
1913. Sayre, C. Edward, 6438 Drexel Ave., Chicago, Ill.
1914. Schairer, Mildred L., 810 N. Clinton St., Rochester, N. Y.
1914. Schairer, William W., 810 N. Clinton St., Rochester, N. Y.
1906. Schantz, Henry F., 402 N. 5th St., Reading, Pa.
1892. Schantz, Margaret H., 417 N. 5th St., Reading, Pa.
1909. Scheel, Sophie B., Rose Mawr, Passaic, N. J.
1908. Schell, Hugh D., 110 N. 3rd St., Hamilton, O.
1902. Schell, Samuel M., 110 N. 3rd St., Hamilton, O.
1894. Schenck, Herbert D., 75 Halsey St., Brooklyn, N. Y.
1905. Schenk, Erwin, 406 Utica Bldg., Des Moines, Ia.
1912. Schenkelberger, Frederick P., State Hosp., Collins, N. Y.
1915. Schimkola, May, 3788 E. 93rd St., Cleveland, Ohio.
1913. Schlesselman, George H., Lomira, Wis.

SHEARER

1902. Schlesselman, John T., Good Thunder, Minn.
1875. **SCHLEY, JAMES M.**, 24 W. 54th St., New York, N. Y.
1906. Schley, R. Montfort, 267 Elmwood Ave., Buffalo, N. Y.
1913. Schmitz, W. Arthur, Box 1453, Middletown, N. Y.
1896. Schneider, Adolph B., 1005 Rose Bldg., Cleveland, O.
1909. Schneider, Carl V. A., State Hosp., Collins, N. Y.
1909. Schneider, Edgar B., 4615 Main Ave., Norwood, O.
1907. Schneider, J. Homer, 2013 W. 25th St., Cleveland, O.
1909. Schoen, Ernest R., Gordonville, Mo.
1909. Schoen, William A., Appleton, Mo.
1914. Schofield, Hugh R., 1522 E. 67th Pl., Chicago, Ill.
1899. Schollenberger, Lewis A., 314 Pennington Ave., Passaic, N. J.
1898. Schoor, Edward, Hubbard, Ore.
1908. Schott, Augustus H., 4066 Westminster Place, St. Louis, Mo.
1910. Schrader, Charles A., Santa Rita Hotel, Tucson, Ariz.
1881. **SCHREINER, EMMA T.**, 190 Maplewood Ave., Philadelphia, Pa.
1915. Schroeder, Ferdinand, 305½ N. Tays St., El Paso, Texas.
1905. Schuette, William H., Mason City, Ill.
1892. Schulze, Carl A., 49 E. Main St., Columbus, O.
1891. Schumann, Carl, Delhi, N. Y.
1905. Schuricht, Gustav S., 3236 Lafayette Ave., St. Louis, Mo.
1915. Schwartz, Elmer E., 25 E. Washington St., Chicago, Ill.
1910. Schwartz, Herbert W., 222 Bluff, Yokohama, Japan.
1915. Schwartz, Rollin M., Columbiana, Ohio.
1909. Scott, Catherine V. C., Phelan Bldg., San Francisco, Cal.
1895. Scott, Cyrus W., 90 Main St., Andover, Mass.
1913. Scott, Freeman J., 318 E. 2d St., Rock Falls, Ill.
1886. **SCOTT, WILLIAM H.**, 430 Greene Ave., Brooklyn, N. Y.
1906. Scudder, Nelson C., 104 W. Liberty St., Rome, N. Y.
1901. Seaman, Clayton W., 336 Lafayette Ave., Buffalo, N. Y.
1913. Search, Theodore C., 1335 Girard Ave., Philadelphia, Pa.
1913. Sears, Albert H., 139 W. 9th St., Anderson, Ind.
1905. Sears, Frederick M., 6 Victoria St., Dorchester, Mass.
1891. Seibert, Walter W., 43 N. 4th St., Easton, Pa.
1891. Seibert, William A., Northampton Nat'l Bk. Bldg., Easton, Pa.
1906. Seip, Herman H., 617 N. Euclid St., Pittsburgh, Pa.
1895. Seitz, William C., Box 220, Glen Rock, Pa.
1912. Selders, Eda B., 2826 W. Madison St., Chicago, Ill.
1913. Selleck, A. W., White Plains, N. Y.
1914. Serio, Philip P., 114 Erie St., Albion, Mich.
1905. Sevringhaus, Edwin A., 500 E. Spring St., New Albany, Ind.
1911. Seward, Florence M., 910 W. Ninth St., Wilmington, Del.
1897. Seward, Frederick W., Main St., Goshen, N. Y.
1900. Seward, Frederick W., Jr., Main St., Goshen, N. Y.
1905. Seward, John L., 416 Main St., Orange, N. J.
1894. Seward, John P., 200 W. 70th St., New York, N. Y.
1906. Shadman, Alonzo J., 102 Boyston St., Boston, Mass.
1913. Shaffer, George H., 1706 Boulevard Place, Indianapolis, Ind.
1915. Shaffer, Harry L., 1209 Grant St., Latrobe, Pa.
1914. Shallercross, Isaac G., 304 Perry Bldg., Philadelphia, Pa.
1914. Shamer, Maurice E., 548 N. Fulton Ave., Baltimore, Md.
1913. Shander, Michael, 64 Avenue C., New York, N. Y.
1909. Shank, John R., 501 S. Saginaw St., Flint, Mich.
1902. Shannon, Elmer E., Ivoryton, Conn.
1879. **SHANNON, SAMUEL F.**, 603 N. 52d St., Philadelphia, Pa.
1905. Sharp, Charles E., 439 Hastings St., Elgin, Ill.
1895. Shaw, John J., 14 Brewster St., Plymouth, Mass.
1914. Shawen, Chas. E., 1615 N. Main St., Dayton, O.
1867. **SHEARER, THOMAS**, 103 W. Franklin St., Baltimore, Md.
1890. **SHEARER, THOMAS L.**, 905 N. Charles St., Baltimore, Md.

SHEDD

1914. Shedd, Bert D., Arcade, N. Y.
 1914. Sheen, Rodman E., 1542 Atlantic Ave., Atlantic City, N. J.
 1910. Sheldon, Albert R., St. John's Bldg., Highland Park, Ill.
 1909. Sheldon, B. Burt, 112 W. 122d St., New York, N. Y.
 1906. Sheldon, Edward S., 501 Park Ave., Collingswood, N. J.
 1886. **SHELTON, GEORGE G.**, Ridgefield, Conn.
 1914. Shemeley, William G., Jr., 7 Haddon Ave., Camden, N. J.
 1905. Shepard, Charles C., Ord, Neb.
 1895. Shepard, George A., The Glenmore, 7th Ave. and 55th St., New York, N. Y.
 1914. Shepard, Marian, 150 Elm St., Northampton, Mass.
 1903. Shepherd, Hovey L., 607 O. T. Johnson Bldg., Los Angeles, Cal.
 1894. Shepherd, Lucy M., 443 Amity St., Flushing, N. Y.
 1905. Sherman, Emma S., 610 Main St., Buffalo, N. Y.
 1899. Sherman, James T., 29 Virginia St., Boston, Mass.
 1859. **SHERMAN, JOHN H.**, 534 Broadway, Boston, Mass.
 1901. Sherman, Le Roy B., 325 W. 14th St., New York, N. Y.
 1889. **SHERMAN, NANCY B.**, Plainwell, Mich.
 1897. Sherwood, Bradford W., 1441 S. Salina St., Syracuse, N. Y.
 1882. **SHERWOOD, HERBERT A.**, Warren, O.
 1900. Shirk, Samuel M., 233 Summer St., Stamford, Conn.
 1915. Shoemaker, Charles A., 1117 L St., Lincoln, Neb.
 1914. Shoemaker, George G., 22 E. Wheeling St., Washington, Pa.
 1913. Shoemaker, George L., 105 W. Main St., North Manchester, Ind.
 1914. Shoemaker, James B., Miami, Ind.
 1912. Shorb, Marlin W., 806 N. Fulton Ave., Baltimore, Md.
 1899. Shower, George T., 3721 Roland Ave., Baltimore, Md.
 1905. Shower, John A., 104 S. Beaver St., York, Pa.
 1905. Shultz, Louis A., 705 Rockford Trust Bldg., Rockford, Ill.
 1900. Shute, Albert C., 421 High St., Pottstown, Pa.
 1914. Shute, Furman R., 1516 Mt. Vernon St., Philadelphia, Pa.
 1905. Sickels, Edward A., 12½ E. 1st St., Dixon, Ill.
 1913. Sidley, Frederick K., 323 Jefferson Bldg., Peoria, Ill.
 1915. Siegal, Lewis, 99 Forsyth St., New York, N. Y.
 1914. Siemon, Lester E., 2174 E. 46th St., Cleveland, O.
 1915. Silberman, Morris K., 700 E. 156th St., New York, N. Y.
 1899. Silbernagel, Charles E., 15 W. Goodale St., Columbus, O.
 1905. Silvers, Homer I., 1910 Pacific Ave., Atlantic City, N. J.
 1903. Simmons, Clara C., Hotel Canterbury, 14 Charlesgate, West, Boston, Mass.
 1899. Simmons, Harry B., 1 Spring Ave., Chestertown, Md.
 1881. **SIMON, SAMUEL H.**, 314 Warren St., Brooklyn, N. Y.
 1903. Simonson, Jeremiah T., 46 W. 85th St., New York, N. Y.
 1915. Simonson, Lawrence M., Pelham, N. Y.
 1909. Simpson, Jessie H., Patton, Cal.
 1915. Simpson, Karl S., 501 Jenkins Bldg., Pittsburgh, Pa.
 1911. Sinclair, Arthur D., 290 Danforth Ave., Toronto, Ont.
 1896. Sinclair, Malcolm C., 124 Sheldon St., Grand Rapids, Mich.
 1913. Singer, Elmer C., Lutheran Hospital, Ft. Wayne, Ind.
 1914. Sinha, Ganendra N., 1 Panchanon Ghose Lane, Harison Rd., Calcutta, India.
 1909. Sink, Harley H., Columbus Grove, O.
 1912. Sink, Oscar O., Smithfield, O.
 1854. **SISSON, EDWARD R.**, New Bedford, Mass.
 1914. Sisson, Mabel C., 348 Putnam Ave., Brooklyn, N. Y.
 1914. Skiff, Walter C., 1184 Chapel St., New Haven, Conn.
 1910. Skinner, Harvey O., 1072 Goodrich Ave., St. Paul, Minn.
 1913. Skladzien, T. S., Meriden, Conn.
 1913. Slabaugh, Jancy S., 254 N. Main St., Nappanee, Ind.
 1883. **SLAUGHT, JAMES E.**, Warsaw, N. Y.

SPENCER

1909. Slaughter, Kate C., 133 Geary St., San Francisco, Cal.
 1906. Slaughter, Louis N., 1 S. Broadway, Pitman, N. J.
 1891. Sleght, Bevier H. B., 644 Clinton Ave., Newark, N. J.
 1900. Sloan, Malachi W., 4825 Baltimore Ave., W., Philadelphia, Pa.
 1894. Smedley, Charles D., 132 Lancaster Ave., Wayne, Pa.
 1907. Smethers, Archer L., 638 E. River St., Anderson, S. C.
 1908. Smith, Albert, 1812 Main St., Parsons, Kan.
 1905. Smith, Alden E., 129 Stephenson St., Freeport, Ill.
 1913. Smith, Alexander C., 307 Oak St., Evansville, Ind.
 1913. Smith, Ansel B., 308 Metz Bldg., Grand Rapids, Mich.
 1896. Smith, Dean T., 121 Bay St., Daytona, Fla.
 1912. Smith, Edward S., 951 Park Ave., Bridgeport, Conn.
 1905. Smith, Edwin W., 9 Bay State Rd., Boston, Mass.
 1903. Smith, Erdix T., Jr., 480 Belmont Ave., Springfield, Mass.
 1914. Smith, F. D., Broad St., Guilford, Conn.
 1912. Smith, Ferdinand M., 56 W. 50th St., New York, N. Y.
 1910. Smith, Floyd D., Cuyahoga Falls, O.
 1912. Smith, Frank A., Thorndale and Broadway, Chicago, Ill.
 1911. Smith, Frank E., 202 W. 66th St., New York, N. Y.
 1908. Smith, Frederic W., 1433 Spruce St., Philadelphia, Pa.
 1912. Smith, Frederick R., 89 Plymouth Ave., Rochester, N. Y.
 1891. Smith, George R., Masonic Temple, Dover, N. H.
 1915. Smith, Graydon B., 422 Cranston St., Providence, R. I.
 1909. Smith, John C., 301 Dwight Bldg., Jackson, Mich.
 1914. Smith, John J., 608 Head Bldg., San Francisco, Cal.
 1882. **SMITH, JULIA HOLMES**, c/o Mrs. A. E. Cleveland, Hilton Ave., Catonsville, Md.
 1908. Smith, Lynn C., Madeline, Cal.
 1887. **SMITH, MELVIN D.**, 212 Glen St., Glens Falls, N. Y.
 1909. Smith, Moses E., Volcano, Cal.
 1893. Smith, Orrin L., 311 Trust Bldg., Lexington, Ky.
 1869. **SMITH, ST. CLAIR**, 56 W. 50th St., New York, N. Y.
 1860. **SMITH, THOS. FRANKLIN**, 264 Lenox Ave., New York, N. Y.
 1909. Smith, Will A., Petersburg, Mich.
 1913. Smith, William H., 404 Mercantile Library Bldg., Cincinnati, O.
 1905. Smith, William L., 908 W. Morton St., Denison, Tex.
 1908. Smoot, Charles E., 234 West Main St., Richmond, Ky.
 1908. Smoot, Peter G., 310 Market St., Maysville, Ky.
 1909. Snavelly, John L., 401 Second Ave., Sterling, Ill.
 1913. Snider, R., Charleston, Ill.
 1913. Snitkay, Charles J., Belle Plaine, Iowa.
 1915. Snow, Henry, Miami Valley Hosp., Dayton, Ohio.
 1914. Snow, William S., Main St., Georgetown, Ky.
 1913. Snyder, Aaron W., 431 N. Noble St., Indianapolis, Ind.
 1887. **SNYDER, EDWARD E.**, 124 Murray St., Binghamton, N. Y.
 1915. Sohn, Boris J., 118 Forest Hills St., Jamaica Plain, Mass.
 1912. Somers, Frank W., 7412 Lorain Ave., Cleveland, O.
 1899. Sommer, H. Otto, 200 Burke Bldg., Seattle, Wash.
 1891. Sooy, Walter C., 1921 Pacific Ave., Atlantic City, N. J.
 1888. **SOUTHWICK, GEORGE R.**, 433 Marlborough St., Boston, Mass.
 1913. Sowers, Alva, 122 S. Michigan Ave., Chicago, Ill.
 1899. Spalding, Harry O., Hospital for Insane, Westboro, Mass.
 1895. Spalding, Julia H., 39 N. Main St., Cortland, N. Y.
 1892. Spalding, Samuel H., Hingham, Mass.
 1906. Sparhawk, Samuel, 150 Bank St., Burlington, Vt.
 1913. Sparling, E. H., 7017 Stewart Ave., Chicago, Ill.
 1913. Spates, Finley C., 972 Reaney St., St. Paul, Minn.
 1915. Spaulding, Marion E., Box 412, Cohasset, Mass.
 1899. Spencer, Annie W., Batavia Ave., Batavia, Ill.
 1915. Spencer, Burt F., 4546 Kenmore Ave., Chicago, Ill.

SPENCER

1915. Spencer, Francis E., West Grove, Pa.
1895. Spencer, George F. A., 40 Church St., Ware, Mass.
1901. Spencer, Hazelton, 31 Dufferin Ave., Sherbrook, Quebec, Can.
1908. Spencer, Mabel, Junction City, Kan.
1897. Spencer, Wilbur F., 217 S. State St., Geneseo, Ill.
1891. Spencer, William, 1623 Walnut St., Philadelphia, Pa.
1875. **SPINNEY, ANDREW B.**, Smyrna, Mich.
1912. Sprague, E. Russell, 98 Clinton Ave., S., Rochester, N. Y.
1914. Sprague, Stanley, Yosemite Bldg., Stockton, Cal.
1892. Spranger, Michael J., 398 E. Jefferson St., Detroit, Mich.
1882. **SPRENG, THEODORE F. H.**, 410 Davidson Bldg., Sioux City, Ia.
1914. Springer, Ralph W., Pretty Prairie, Kan.
1905. Staads, Soeren W., 205 Massachusetts Bldg., Sioux City, Ia.
1905. Stambach, Henry L., 15 W. Victoria St., Santa Barbara, Cal.
1897. Stambach, Ida V., 1509 State St., Santa Barbara, Cal.
1912. Stansbury, Frank R., 3062 Madison Rd., Cincinnati, O.
1903. Stansbury, Henry H., 920 W. North Ave., Baltimore, Md.
1904. Stanton, Lawrence W., 207 W. 56th St., New York, N. Y.
1906. Staples, Henry F., 3054 Somerton Rd., Cleveland, O.
1899. Starcke, Andrew H., 620 Shukert Bldg., Kansas City, Mo.
1913. Starkey, George G., 4612 N. Kedzie Ave., Chicago, Ill.
1905. Starr, Nathan, 947 6th St., Charleston, Ill.
1906. Statler, Edgar C., 727 N. 7th St., Allentown, Pa.
1892. Stauffer, Alvin P., Hagerstown, Md.
1903. Stearns, Guy B., 180 W. 59th St., New York, N. Y.
1896. Stearns, John S., 1425 Rhode Island Ave., N.W., Washington, D.C.
1892. Stearns, William M., 813 Marshall Field Bldg., Chicago, Ill.
1915. Stedent, Daniel E. L., 926 S. St. Bernard St., Philadelphia, Pa.
1910. Steele, G. M., 402 Realty Bldg., Tacoma, Wash.
1913. Steele, Preston, 19 N. Mercer St., Greenville, Pa.
1907. Steele, William, 1433 Spruce St., Philadelphia, Pa.
1914. Stegmenn, Joseph A., 1708 Green St., Philadelphia, Pa.
1913. Steinhardt, Ernest H., Park Ave. Hosp., Denver, Colo.
1913. Steinhäuser, Charles G., 332 Parsells Ave., Rochester, N. Y.
1914. Steinmetz, Deacon, 2314 N. Broad St., Philadelphia, Pa.
1893. Stem, Henry L., 24 South St., Union City, Pa.
1892. Stephens, James A., 1110 Euclid Ave., Cleveland, O.
1913. Stephens, Thomas W., 1st Nat'l Bank Bldg., Pittsburgh, Pa.
1913. Stephens, William R., 814 Wood St., Wilksburg, Pa.
1908. Sterner, Lewis H., Porter's Sideling, Pa.
1903. Stevens, Edwin D., Francetown, N. H.
1905. Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.
1896. Stevens, Rollin H., 1429 D. Whitney Bldg., Detroit, Mich.
1912. Stevenson, Harry M., 1022 W. Lafayette Ave., Baltimore, Md.
1913. Stewart, Frank C., The Pennway, Indianapolis, Ind.
1897. Stewart, George T., 14 E. 60th St., New York, N. Y.
1913. Stewart, John W. G., 32 W. Hill St., Wabash, Ind.
1914. Stewart, Neville E., Wauseon, O.
1913. Stewart, Oscar H., Orleans, Ind.
1900. Stewart, Ralph A., 616 Madison Ave., New York, N. Y.
1888. **STEWART, THOMAS M.**, 605 Traction Bldg., Cincinnati, O.
1899. Stewart, William A., Lang Ave. & Thomas Blvd., Pittsburgh, Pa.
1902. Stewart, William R., 122 E. Ohio St., Indianapolis, Ind.
1913. Stewart, Willis B., 2621 College Ave., Indianapolis, Ind.
1912. Steyner, Emma B., 900 Marshall Field Bldg., Chicago, Ill.
1906. Stickney, Otis D., 922 Pacific Ave., Atlantic City, N. J.
1895. Stiles, Hunter Bell, 91 Provident Bldg., Waco, Tex.
1905. Stiles, William H., San Bernardino, Cal.
1913. Stinnette, S. E., 366 Prior Ave., St. Paul, Minn.
1909. Stitzel, Jonas W., Hollidaysburg, Pa.

SNYDERGAARD

1912. Stoaks, Frank E., Spring Hill, Iowa.
1909. Stockton, Belle C., 3240 Adeline St., S. Berkeley, Cal.
1912. Stockton, Harry T., Marcus Hook, Pa.
1915. Stockton, Max R., 124 Park Ave., Swarthmore, Pa.
1912. Stoddard, John E., 34 W. Main St., Meriden, Conn.
1911. Stokes, Lydia W., 1504 Locust St., Philadelphia, Pa.
1910. Stolz, Mary A., 351 Cajon St., Redlands, Cal.
1914. Stone, Florence A., 229 N. Genesee St., Waukegan, Ill.
1906. Stone, Spencer R., 716 Hurt Bldg., Atlanta, Ga.
1887. **STONE, W. H.**, R. F. D. 1, Attleboro, Mass.
1913. Storck, Dorothea A., 2542 Talbott Ave., Indianapolis, Ind.
1895. Storer, John H., 30 Edgecomb Ave., New York, N. Y.
1913. Stouffer, Clyde B., 940 Greenwood Ave., Ann Arbor, Mich.
1905. Straten, Hubert, 1114 Loyola Ave., Chicago, Ill.
1909. Stratton, Francis M., Pioneer, O.
1913. Stratton, John C., 526 Yankee Road, Middletown, O.
1892. Stratton, Wallace C., Delger Bldg., 473 14th St., Oakland, Cal.
1907. Straub, David W., 15 Market St., Bethlehem, Pa.
1899. Straughn, Clinton C., Main St., Matawan, N. J.
1891. Strawbridge, Frank A., Sigourney, Ia.
1905. Strawn, Julia C., 4719 Kenwood Ave., Chicago, Ill.
1909. Street, Richard H., 32 N. State St., Chicago, Ill.
1914. Streeter, Howard A., 23 Pleasant St., Marblehead, Mass.
1871. **STREETS, JACOB G.**, Bridgeton, N. J.
1889. **STRICKLER, DAVID A.**, Empire Bldg., Denver, Colo.
1913. Strong, Edwin R., Plainville, Ill.
1880. **STRONG, THOMAS M.**, 176 Huntington Ave., Boston, Mass.
1911. Struble, Charles H., 308 Sixth Ave., Dayton, Ky.
1915. Struthers, Arthur A., Trull Hosp., Biddeford, Maine.
1912. Stubbs, George P., 114 S. 40th St., Philadelphia, Pa.
1883. **STUMPF, DANIEL B.**, 693 Ellicott St., Buffalo, N. Y.
1914. Stumpf, Elmer H., 103 Northampton St., Buffalo, N. Y.
1913. Sturges, Gertrude E., Hotel Comstock, Moorhead, Minn.
1906. Sturtevant, Charles A., Amoskeag Bank Bldg., Manchester, N. H.
1890. **STURTEVANT, MYRON C.**, 122 E. Main St., Morris, Ill.
1891. Suffa, George A., 220 Clarendon St., Boston, Mass.
1913. Sugden, Charles E., 391 Kennedy St., Winnipeg, Manitoba, Can.
1909. Sullivan, Clarke, 1083 Reibold Bldg., Dayton, O.
1912. Sullivan, J. Bailey, 1846 Lincoln Ave., Pittsburgh, Pa.
1881. **SUMNER, CHARLES R.**, 100 Clinton Ave., S., Rochester, N. Y.
1887. **SUTHERLAND, JNO. P.**, 295 Commonwealth Ave., Boston, Mass.
1890. **SUTTLE, HENRY J.**, Viroqua, Wis.
1911. Sutton, John C., 1229 Third Ave., New Brighton, Pa.
1880. **SWAIN, MARY L.**, 5 Jefferson St., Newton, Mass.
1909. Swallum, James A., Storm Lake, Ia.
1896. Swartwout, Frank A., 12 Iowa Circle, N. W., Washington, D. C.
1879. **SWARTZ, J. ROSS**, 236 N. 3d St., Harrisburg, Pa.
1899. Sweet, Clara M., 14 Chestnut St., Springfield, Mass.
1898. Sweet, E. C., 5619 South Blvd., Chicago, Ill.
1905. Sweet, Robert V., 44 Charles St., Rochester, N. H.
1911. Sweeting, Wm. H., Savannah, N. Y.
1904. Swerdfeger, Elbert B., 210 Masonic Temple, Denver, Colo.
1887. **SWETT, EMILY F.**, Medina, N. Y.
1906. Swick, Jesse H., Beaver Falls, Pa.
1897. Swift, Arthur W., 501 S. State St., Belvidere, Ill.
1901. Swift, Edward P., 170 W. 88th St., New York, N. Y.
1908. Swift, Miriam A., 824 Kansas Ave., N., Topeka, Kan.
1905. Switzer, Charles R., Winter Park, Fla.
1891. Swormstedt, Lyman B., 2 Thomas Circle, N. W., Washington, D. C.
1914. Syndergaard, Hyrum F. Letters returned.

TABER

1911. Taber, C. Wellington, 105 W. Grace St., Richmond, Va.
1888. **TALBOT, GEORGE H.**, 306 Walnut St., Newtonville, Mass.
1904. Talmadge, John B., Ladoga, Ind.
1905. Tapley, Joseph F., 3320 Virginia Ave., Marysville, Cal.
1915. Taylor, Charles G., 114 E. 66th St., New York, N. Y.
1898. Taylor, Edwin A., 335 Englewood Ave., Chicago, Ill.
1914. Taylor, Herbert E., 834 Wellington St., Chicago, Ill.
1882. **TAYLOR, THEODORE H.**, Evansville, Ind.
1892. Teets, Charles E., 353 5th Ave., New York, N. Y.
1909. Telford, Henry C., 723 W. Madison St., Ottawa, Ill.
1908. Tenney, Alonzo C., 25 E. Washington St., Chicago, Ill.
1913. Terry, Cliff E., Jennings, La.
1875. **TERRY, MARSHALL O.**, Mamaroneck, N. Y.
1913. Thielmann, Emil, 314 Altman Bldg., Kansas City, Mo.
1912. Thomas, Charles B., 2379 E. 79th St., Cleveland, O.
1875. **THOMAS, CHARLES M.**, 1825 Arch St., Philadelphia, Pa.
1906. Thomas, Claude W., Woodstown, N. J.
1905. Thomas, Martha V., 222 N. Lafayette St., South Bend, Ind.
1905. Thomas, Philip C., 44 W. 77th St., New York, N. Y.
1898. Thomasson, John C., 214 Main St., Georgetown, Ky.
1887. **THOME, ARTHUR G.**, 2052 Lincoln Ave., Chicago, Ill.
1905. Thompson, Arthur F., 169 Main St., East Orange, N. J.
1888. **THOMPSON, CHARLES S. W.**, Helena, Mont.
1907. Thompson, Fred E., 702 D. Whitney Bldg., Detroit, Mich.
1887. **THOMPSON, JAMES H.**, Jenkins Arcade, Pittsburgh, Pa.
1867. **THOMPSON, JOHN H.**, 36 E. 30th St., New York, N. Y.
1912. Thompson, LeRoy, 30 N. Michigan Blvd., Chicago, Ill.
1909. Thompson, Lester O., 316 Coolbaugh St., Red Oak, Ia.
1910. Thompson, Lillian M., 754 E. 43rd St., Chicago, Ill.
1909. Thompson, Nelson W., Flower Hosp., New York, N. Y.
1867. **THOMPSON, VIRGIL**, 355 W. 20th St., New York, N. Y.
1913. Thornburgh, Frank C., 309 State St., Alma, Mich.
1904. Thorne, Nathan, Moorestown, N. J.
1910. Thornhill, Gabriel F., 300 S. Main St., Paris, Texas.
1915. Thorpe, Agnes C., Brayton, Neb.
1905. Thorpe, Jarvis L., Clyde, N. Y.
1911. Thorpe, Walter E., 19 High St., Bristol, Conn.
1913. Thudichum, Carl L., 412 Owl Drug Bldg., San Diego, Cal.
1911. Thurber, Emily M., 210 Lexington Ave., Providence, R. I.
1914. Thurlow, Ralph M., Stonington, Me.
1907. Thurston, Leon, Empire Bldg., Pittsburgh, Pa.
1915. Thym, Herman H., 522 Altman Bldg., Kansas City, Mo.
1907. Tillotson, Loyal H., 153 S. State St., Painesville, O.
1900. Tindall, Percy A., 2102 Chestnut St., Philadelphia, Pa.
1903. Titus, Emily N., Glen Cove, N. Y.
1910. Titus, J. Frank, Eugene, Ore.
1905. Titzell, Frank C., Johnson Bank Building, Iowa City, Ia.
1911. Todd, Frank P., Danielson, Conn.
1914. Todd, Helen B., 47 Linsley Ave., Meriden, Conn.
1905. Tomlinson, Richard F., 126 Stockton St., San Francisco, Cal.
1891. Townsend, Irving, 150 W. 59th St., New York, N. Y.
1905. Townsend, Willis M., 556 Franklin St., Melrose Highlands, Mass.
1905. Towsley, Glenn G., 709 Ashton Bldg., Grand Rapids, Mich.
1915. Tremaine, Harmon A., Bennett, Colo.
1914. Trimmer, Leila V., 91 Bullman St., Phillipsburg, N. J.
1906. Tripp, Joseph C., Warren Centre, Pa.
1912. Trotter, James P., 189 Warburton Ave., Yonkers, N. Y.
1909. Troutman, Geo. D., 201 Dodworth Bldg., Pasadena, Cal.
1902. Trull, J. Frank, 295 Main St., Biddeford, Me.
1911. Truter, Carl W., 101 Southern Ave., Pittsburgh, Pa.

1913. Truxal, Cyrus W., 108 Wayne Ave., Wayne, Pa.
 1912. Tryon, Fred E., Merrimac, Wis.
 1888. **TUCKER, GENEVIEVE**, 329 E. 15th St., Davenport, Ia.
 1892. Tuller, John J., 2108 Walnut St., Philadelphia, Pa.
 1899. Tupper, John D., Westport, Mass.
 1894. Turbin, Louis M., 64 W. Randolph St., Chicago, Ill.
 1913. Turner, Clarence A., Columbus Grove, O.
 1892. Turner, Maurice W., 127 Harvard St., Brookline, Mass.
 1909. Turner, Reeve, 503 W. 149th St., New York, N. Y.
 1902. Turrill, George E., 489 Arcade, Cleveland, O.
 1914. Turton, M. Louise, 348 Putnam Ave., Brooklyn, N. Y.
 1915. Turtz, Charles A., 266 Henry St., New York, N. Y.
 1891. Tuttle, Edward G., 61 W. 51st St., New York, N. Y.
 1905. Tuttle, Ella M., New Berlin, N. Y.
 1895. Tuttle, Walter, 20 Court St., Exeter, N. H.
 1908. Twinem, John S., W. 16th St., North Platte, Neb.
 1905. Twitchell, Adelbert B., Jr., 224 S. 7th St., Newark, N. J.
 1913. Tyler, Everett A., White Horse Pike and King's Highway, Had-
 don Heights, N. J.
 1910. Tytler, James E., 440 West End Ave., New York, N. Y.
 1908. Uhlemeyer, Henry A., 1511 E. Grand Ave., St. Louis, Mo.
 1891. Ullrey, Arthur O., Niles, Mich.
 1913. Ulrich, Helmuth, 80 E. Concord St., Boston, Mass.
 1905. Ulrich, Sylvester S., 3 Market St., Elizabethtown, Pa.
 1913. Underwood, Benjamin F., 2829 S. 3rd St., Louisville, Ky.
 1892. Upham, Ella P., 305 Third Ave., Asbury Park, N. J.
 1911. Upham, Roy, 300 McDonough St., Brooklyn, N. Y.
 1911. Vail, Edwin S., Thompsonville, Conn.
 1913. Valentine, John F., 23 Elm St., Danvers, Mass.
 1912. Vanatta, Clarence F., Harlan, Iowa.
 1909. Van Allen, Lew K., 304 W. Perkins St., Ukiah, Cal.
 1887. **VAN BAUN, WILLIAM W.**, 1404 Spruce St., Philadelphia, Pa.
 1889. **VAN DEN BURG, WILLIAM H.**, 30 W. 45th St., New York, N. Y.
 1914. VanderBogart, Harry E., Metropolitan Hosp., New York, N. Y.
 1900. Van Deursen, George L., 20 Palmer St., Lowell, Mass.
 1913. Van Hyning, Homer B., Clark, O.
 1894. Van Lennep, Gustave A., 1833 Chestnut St., Philadelphia, Pa.
 1886. **VAN LENNEP, WILLIAM B.**, 1421 Spruce St., Philadelphia, Pa.
 1895. Van Loon, Arthur B., 198 State St., Albany, N. Y.
 1913. Van Mater, George G., 20 N. Broadway, Peru, Ind.
 1913. Van Norden, William E., 22 E. Washington St., Chicago, Ill.
 1905. Van Norman, William V., 405 O. T. Johnson Bldg., Los Angeles,
 Cal.
 1905. Van Tine, John L., 1706 Girard Ave., Philadelphia, Pa.
 1908. Van Velzer, Charles A., Ft. Scott, Kan.
 1906. Van Zandt, William Milton, 140 W. 95th St., New York, N. Y.
 1902. Varner, Anna D., 726 South Ave., Wilksburg, Pa.
 1914. Varney, James D., Greenfield, O.
 1905. Vaughan, Elmer E., 2235 Fremont St., Chicago, Ill.
 1912. Vaughn, Frank W., Monowi, Neb.
 1913. Veatch, John H., Marine, Ill.
 1896. Vehslage, Samuel H., 104 W. 70th St., New York, N. Y.
 1891. Ver Nooy, Charles, 485 Central Park, W., New York, N. Y.
 1910. Vessie, Percy R., Collins, N. Y.
 1889. **VIDAL, JAMES W.**, 811 2d St., S. Fargo, N. Dak.
 1913. Viehe, Carl G., 502 Upper 1st St., Evansville, Ind.
 1877. **VILAS, CHARLES H.**, 822 Prospect Pl., Madison, Wis.
 1913. Vinland, Otto S., 1705 Lawrence St., Denver, Colo.
 1911. Visalli, Joseph, 2995 22d St., San Francisco, Cal.
 1881. **VISHNO, CHARLES**, 361 Orange St., New Haven, Conn.

VON BONNEWITZ

1911. Von Bonnewitz, Orlando R., 2030 Broadway, New York, N. Y.
1914. Voorhis, Charles F., 4th and Morgan Ave., Palmyra, N. J.
1913. Vosburg, Walter H., 309 Lion St., Dunkirk, N. Y.
1915. Waalkes, Richard, 10932 Indiana Ave., Chicago, Ill.
1911. Wadsworth, Alvin D., Moss Hill, South Norwalk, Conn.
1889. **WAFFLE, WILLELLA H.**, 702 Bush St., Santa Ana, Cal.
1900. Wage, Arnold E., Granite Block, Albion, N. Y.
1910. Waggoner, Eugene L., 2223 Juliet St., Los Angeles, Cal.
1913. Waggoner, Mel, DeWitt, Iowa.
1901. Wakeley, William A., 420 S. Main St., Orange, N. J.
1902. Waldo, Elmer E., 1130 Broadway, Hannibal, Mo.
1915. Walgora, Stanley B., 1025 22nd St., La Salle, Ill.
1915. Walker, Charles A., Masonic Temple, Rockford, Ill.
1911. Walker, Emory J., 1136 Chapel St., New Haven, Conn.
1910. Walker, Frank C., 10 Mill St., Nantucket, Mass.
1902. Walker, Hannah E., 17 Vine St., Sharon, Pa.
1888. **WALKER, JAMES M.**, 2316 E. 12th Ave., Denver Col.
1914. Walker, Robert I., 288 Union St., New Bedford, Mass.
1913. Walker, Waldo W., 30 Curtis St., West Somerville, Mass.
1902. Wallace, Charles R., Struthers, O.
1913. Wallace, Edward R., Aurora, Ind.
1912. Wallace, Homer D., 118 North Ave., E., Pittsburgh, Pa.
1915. Wallace, M. Edna, Fabiola Hosp., Oakland, Cal.
1915. Wallace, Paul B., Tomah, Wis.
1910. Wallace, Thos. C., 1413 Pennsylvania Ave., N. S., Pittsburgh, Pa.
1899. Walls, Charles B., 1601 Greenleaf Ave., Chicago, Ill.
1911. Walmsley, Robert F., 491 Putnam Ave., Brooklyn, N. Y.
1910. Walo, Theresa J., 3314 S. Grand Ave., St. Louis, Mo.
1913. Walter, Jacob A., 109 S. Jefferson St., Punxsutawney, Pa.
1893. Walter, Robert, Walter's Park, Pa.
1910. Walter, Robert L., Walter's Park, Pa.
1915. Walton, Charles A., 1230 E. 63rd St., Chicago, Ill.
1874. **WALTON, CHAS. E.**, N. W. Cor. 8th and John Sts., Cincinnati, O.
1913. Waltz, Claude D., 1617 E. 85th St., Cleveland, O.
1889. **WARD, FLORENCE N.**, 860 Hyde St., San Francisco, Cal.
1883. **WARD, JAMES W.**, 391 Sutter St., San Francisco, Cal.
1891. Ward, John McE., 2139 N. 19th St., Philadelphia, Pa.
1913. Warfel, Frederick C., 225 W. 34th St., Indianapolis, Ind.
1898. Warner, Alton G., 19 Schermerhorn St., Brooklyn, N. Y.
1914. Warner, Carden F., 816 15th St., Washington, D. C.
1872. **WARREN, JOHN K.**, 68 Pleasant St., Worcester, Mass.
1911. Washburn, Victor D., 822 Washington St., Wilmington, Del.
1912. Waterman, Alonzo H., Hotel Sherman, Chicago, Ill.
1913. Waters, Frank R., 32 N. State St., Chicago, Ill.
1873. **WATERS, MOSES H.**, 314 Rose Bldg., Terre Haute, Ind.
1912. Watson, Mabelle S., 170½ Main St., Ashtabula, O.
1901. Watters, William H., 80 E. Concord St., Boston, Mass.
1910. Watts, Harry A., 170 Pleasant St., Malden, Mass.
1893. Watts, William, 1035 Superior St., Toledo, O.
1894. Waylan, Julia G., Galen Hall, Wernersville, Pa.
1907. Weaver, Daniel W., 215 E. Washington St., Greensburg, Ind.
1899. Weaver, Harry S., 1433 Spruce St., Philadelphia, Pa.
1907. Weaver, William A., 1331 Girard Ave., Philadelphia, Pa.
1900. Weaver, Willis P., 81 Main St., Lockport, N. Y.
1913. Webb, Charles V., 50 S. Main St., Wallingford, Conn.
1911. Webb, John W., 3906 E. Washington St., Indianapolis, Ind.
1906. Webster, Carlos G., Bedford Pk. Blvd. & Decatur Ave., New York, N. Y.
1910. Webster, Daniel O., Pliter Blk., Portland, Ore.
1909. Webster, Frank, 932 Reibold Bldg., Dayton, O.

1912. Webster, Howard H., 641 Salem Ave., Dayton, O.
1913. Webster, Judson T., Atlanta, Ill.
1893. Webster, Lenore P., 1366 Harvard St., N. W., Washington, D. C.
1914. Webster, Rome M., 932 Reibold Bldg., Dayton, O.
1893. Webster, Samuel C., 99 High St., Westerly, R. I.
1915. Weil, Henry L., 667 Madison Ave., New York, N. Y.
1913. Weingrad, Solomon, Mountain Dale, N. Y.
1891. Welrick, Clement A., 29 E. Madison St., Chicago, Ill.
1911. Weiss, Frieda E., 10419 South Blvd., Cleveland, O.
1902. Welch, Charles E., 12 W. Columbus St., Nelsonville, O.
1888. **WELCH, GEORGE O.**, Fergus Falls, Minn.
1914. Welch, William B., Woodruff Bldg., Joliet, Ill.
1899. Wells, David W., The Westminster, Copley Sq., Boston, Mass.
1913. Wells, Frank N., Pittsfield, Ill.
1904. Wells, G. Harlan, 1623 Arch St., Philadelphia, Pa.
1913. Wells, Henry L., 601 Clark St., Cambridge, O.
1912. Wendel, John A., 3406 Lisbon Ave., Milwaukee, Wis.
1907. Wendt, Charles I., 600 Shady Ave., Pittsburgh, Pa.
1907. Wendt, Leonard F. C., 185 Maybury Grand Ave., Detroit, Mich.
1900. Wentworth, Caroline Y., 75 Lincoln St., Newton Highlands, Mass.
1910. Wenzlick, George J., 220½ E. College St., Iowa City, Ia.
1897. Wessel, Peter H., 517 15th St., Moline, Ill.
1913. Wesselhoeft, Conrad, 2d, 535 Beacon St., Boston, Mass.
1867. **WESSELHOEFT, WALTER**, 39 Garden St., Cambridge, Mass.
1894. Wesselhoeft, William F., 398 Marlboro St., Boston, Mass.
1905. West, Emmajane, 408 1st St., Manistee, Mich.
1911. West, William H., Woodstock, Ill.
1912. Westervelt, Marvin Z., 96 West St., Litchfield, Conn.
1909. Westfall, Floyd E., 113 N. Washington St., Ypsilanti, Mich.
1899. Westney, Alfred W., 1212 Pacific Ave., Atlantic City, N. J.
1901. Weston, Isabel G., Washington St., Wellesley, Mass.
1913. Westover, Henry W., Logan Bldg., St. Joseph, Mo.
1903. Wetherbee-Rockwell, Lucy E., 2 King St., Worcester, Mass.
1909. Wetlaufer, Nelson R., P. O. Box 693, Cheyenne, Wyo.
1909. Wetmore, Iantha J., 239 S. Division Ave., Grand Rapids, Mich.
1905. Wheeler, Amsden E., 723 Hartford Ave., Los Angeles, Cal.
1913. Wheeler, Lucius B., 1419 Stout St., Denver, Colo.
1898. Wherry, Curtis A., 417 Kearns Bldg., Salt Lake City, Utah.
1882. **WHIPPLE, ALFRED A.**, Ill. State Bk. Bldg., Quincy, Ill.
1911. Whitaker, Furman C., Bradentown, Fla.
1913. Whitaker, Harper E., 25 Pleasant St., Gloucester, Mass.
1908. Whitcomb, Silas C., Hastings, Okla.
1897. White, A. Grace, 97 Main St., Bradford, Pa.
1905. White, Annie H., 5314 University Ave., Chicago, Ill.
1913. White, Arthur E., Baggs, Wyo.
1909. White, Clarence H., 99 Ontario St., Cohoes, N. Y.
1905. White, Elmer T., 233 E. 47th St., Chicago, Ill.
1908. White, George S., 327 S. Alvarado St., Los Angeles, Cal.
1911. White, J. F., 156 N. Main St., Port Chester, N. Y.
1906. White, Mary H., 516 Rose Bldg., Cleveland, O.
1887. **WHITE, ROLAND T.**, 914 Western Ave., Pittsburgh, N. S., Pa.
1913. Whitehead, B. L., 355 Columbus Ave., Boston, Mass.
1905. Whitford, Grace R., Ozona, Fla.
1888. **WHITING, WALTER B.**, 600 Main St., Malden, Mass.
1890. **WHITMAN, FRANK S.**, 429 S. State St., Belvidere, Ill.
1888. **WHITMARSH, HENRY A.**, 102 Prospect St., Providence, R. I.
1914. Whitmarsh, Robert H., 102 Prospect St., Providence, R. I.
1908. Whitney, George W., 2366 7th Ave., New York, N. Y.
1910. Wieland, Frank, 4443 Michigan Ave., Chicago, Ill.
1896. Wiggers, Henry H., 511 Mercantile Library Bldg., Cincinnati, O.

WIGGINS

1901. Wiggins, Theodore C., 520 Nostrand Ave., Brooklyn, N. Y.
1881. WILBERTON, LAWRENCE G., Winona, Minn.
1891. Wilbur, Bertrand K., Rosemont, Pa.
1883. WILCOX, DE WITT G., 419 Boylston St., Boston, Mass.
1903. Wilcox, Franklin S., Patton, Cal.
1886. WILCOX, SYDNEY F., 41 W. 52d St., New York, N. Y.
1906. Wilcoxon, T. Hurley, Bowling Green, Mo.
1897. Wilder, Carlton V., 4 West 5th St., Atlantic, Ia.
1911. Wiley, Maurice G., 118 Court St., Laconia, N. H.
1911. Wiley, Otis M., 3104 S. Salina St., Syracuse, N. Y.
1891. Wiley, Rebecca W., 118 Court St., Laconia, N. H.
1911. Wilkes, Arthur C., 991 Clinton Ave., Irvington, N. J.
1911. Wilkins, George R., 9806 Madison Ave., N. W., Cleveland, O.
1912. Wilkins, J. P., Mound, Minn.
1900. Willard, Harry S., 44 Church St., Paterson, N. J.
1907. Willard, Louis D., Allegheny and Western Aves., Pittsburgh, Pa.
1913. Willcox, Helen B., 283 Sherburne, Toronto, Can.
1913. Williams, Arthur B., Wilmont, Minn.
1913. Williams, Calvin E., 30 E. 55th St., New York, N. Y.
1895. Williams, Carl A., 77 Vauxhall St., New London, Conn.
1912. Williams, Charles C., 624 Warrington Ave., Pittsburgh, Pa.
1911. Williams, Clara H., 822 Wood St., Wilkinsburg, Pa.
1903. Williams, Dudley A., 223 Thayer St., Providence, R. I.
1900. Williams, Eli C., Hot Springs, Va.
1913. Williams, Leon A., Slayton, Minn.
1907. Williams, Olin A., 128 S. Main St., Butler, Pa.
1892. Williams, Perry C., Texarkana, Ark.
1903. Williams, Ruby M., 50 Windsor Ave., Hartford, Conn.
1913. Williams, William Rendell, 430 S. 42nd St., Philadelphia, Pa.
1876. WILLIAMSON, ALONZO P., 842 N. Second St., Santa Monica, Cal.
1872. WILLIAMSON, MATTHEW S., 500 S. 42d St., Philadelphia, Pa.
1914. Williamson, W. Raymond, Hamilton, N. Y.
1903. Willis, John E., 5 Hawthorne St., Worcester, Mass.
1912. Wilms, J. H., 12 W. 7th St., Cincinnati, O.
1905. Wilsey, Edward H., Chesapeake City, Md.
1906. Wilson, Charles G., 203 Main St., Clarksville, Tenn.
1913. Wilson, Harry A., 226 W. Maple St., Lansing, Mich.
1908. Wilson, Homer S., Odd Fellows' Bldg., Grove City, Pa.
1902. Wilson, John E., 616 Madison Ave., New York, N. Y.
1876. WILSON, JOSEPH H., Bellefontaine, O.
1915. Wilson, Lafayette J., English House, Forestville, Cal.
1906. Wilson, Lewis D., 316 B St., S. E., Washington, D. C.
1873. WILSON, MATTHEW T., 1666 Fell St., San Francisco, Cal.
1901. Wilson, W. Henry, 3129 Rhodes Ave., Chicago, Ill.
1901. Wilson, William, 201 W. Market St., Akron, O.
1911. Winans, Theodore H., Mexico, Mo.
1909. Winchell, George Pray, 146 E. Main St., Ionia, Mich.
1892. Winchell, Walter B., 137 Berkeley Pl., Brooklyn, N. Y.
1903. Windsor, Sarah S., 391 Beacon St., Boston, Mass.
1909. Wine, Joseph M., 1629 E. 5th St., Dayton, O.
1902. Winnard, Wellington L., 10th & Figuerora Sts., Los Angeles, Cal.
1899. Winslow, Thomas H., Union Savings Bank Bldg., Oakland, Cal.
1910. Winter, Frederick W., Wymore, Neb.
1901. Wintsch, Carl H., 188 Fairmount Ave., Newark, N. J.
1913. Wise, James B., Frankfort, Ind.
1895. Wise, Julius C., 1115 Wyandotte St., Kansas City, Mo.
1910. Wise, Sara E., 1531 Sutter St., San Francisco, Cal.
1899. Wiswall, Edward H., 613 Washington St., Wellesley, Mass.
1911. Witte, Eugene B., 425 E. State St., Trenton, N. J.

ZWETSCH

1886. **WOLCOTT, EDWIN H.**, 57 S. Union St., Rochester, N. Y.
 1915. Wolcott, R. C., State Univ., Columbus, Ohio.
 1912. Wolfe, W. Wesley, 24 N. Diamond St., N. S., Pittsburgh, Pa.
 1911. Wonder, John D., 717 W. Third St., Dayton, O.
 1903. Wood, Arthur U., 445 Elmwood Ave., Providence, R. I.
 1901. Wood, Frederick W., 3901 Cottage Grove Ave., Chicago, Ill.
 1886. **WOOD, JAMES C.**, 816 Rose Bldg., Cleveland, O.
 1913. Wood, Leonard S., 5345 Dorchester Ave., Chicago, Ill.
 1903. Wood, Lillian N., 290 Commonwealth Ave., Boston, Mass.
 1915. Wood, Louis F., 105 Cherry St., San Francisco, Cal.
 1895. Wood, Nelson M., 72 High St., Charlestown, Mass.
 1860. **WOOD, ORLANDO S.**, Omaha, Neb.
 1911. Woodbury, Benjamin C., 32 Middle St., Portsmouth, N. H.
 1898. Woodbury, Ernest I., 306 Washington St., Burlington, Ia.
 1901. Woodman, Robert C., State Hosp., Middletown, N. Y.
 1915. Woodmansee, Archie D., Washington Court House, Ohio.
 1892. Woodruff, Caroline F. B., Independence, Ia.
 1909. Woods, Herbert C., Tama, Ia.
 1903. Woods, Mary B. C., 350 Broadway, Somerville, Mass.
 1909. Woodward, Archie C., Decorah, Ia.
 1915. Wooldridge, Frederick V., 6641 Reynolds St., Pittsburgh, Pa.
 1912. Wooldridge, Susan E. A., 6641 Reynolds St., Pittsburgh, Pa.
 1914. Worcester, George F., Box 467, Merrimac, Mass.
 1888. **WORCESTER, GEORGE W.**, 124 High St., Newburyport, Mass.
 1912. Worcester, John F., 591 E. 15th St., N., Portland, Ore.
 1872. **WORCESTER, SAMUEL**, Moss Hill Villa, South Norwalk, Conn.
 1911. Worth, Archibald C., Hom. Hosp., Albany, N. Y.
 1912. Wright, Ernest S., 255 Harbor St., Conneaut, O.
 1912. Wright, Frank M., 208 Summer St., Stamford, Conn.
 1891. Wright, George H., Forest Glen, Md.
 1909. Wright, H. Julian, Jr., 107 3rd Ave., San Francisco, Cal.
 1905. Wright, Justus G., 498 Ninth St., Brooklyn, N. Y.
 1913. Wright, Rodney A., Mobile, Ala.
 1881. **WRISLEY, JOHN A.**, Lakeport, N. H.
 1881. **WYMAN, EDMUND L.**, Manchester Center, Vt.
 1913. Yamshon, Samuel, 6017 Quincy Ave., Cleveland, O.
 1908. Yearout, Christian A., Main St., Dunlap, Kan.
 1909. Yeomans, Theron G., St. Joseph, Mich.
 1881. **YODER, DANIEL**, 230 Bridge St., Catasauqua, Pa.
 1913. Yoder, Roydon B., Northwood, Ia.
 1913. Yost, Walter M., 215 S. Park St., Rochester, Pa.
 1913. Young, Chester W., Crozer Hosp., Chester, Pa.
 1892. Young, E. Weldon, 816 Cobb Bldg., Seattle, Wash.
 1908. Young, Glyndon A., Ponca, Neb.
 1908. Young, Herbert E., 533 Reserve Bank Bldg., Kansas City, Mo.
 1906. Young, John H., 37 N. Fullerton Ave., Montclair, N. J.
 1908. Young, Willis B., 3620 Blaine Ave., St. Louis, Mo.
 1913. Youngblood, Eli L., Boonville, Ind.
 1886. **YOUNGMAN, MAURICE D.**, 1618 Pacific Ave., Atlantic City, N. J.
 1912. Youngman, Munroe D., Montgomery Ave. and Bledyn Rd., Ardmore, Pa.
 1906. Youngman, Thomas, 9 S. Oxford Pl., Atlantic City, N. J.
 1902. Zbinden, Christian, 431 Nebraska Ave., Toledo, O.
 1898. Ziegenfus, A. Frank, Cheltenham Ave. & Carnac St., Philadelphia, Pa.
 1902. Zwetsch, John D., Main St., Gowanda, N. Y.

ANTIGA

CORRESPONDING MEMBERS

1906. Antiga, Juan N., M. D., Box 1053, Havana, Cuba.
 1906. Blackley, John Galley, M. B., M. R. C. S., 29 Devonshire Pl., W., London, Eng.
 1906. Bouton, W. K., Ch. B., M. D., 7 Collins St., Melbourne, Australia.
 1906. Brasol, Leon, Troitz Kaja, 5, Petrograd, Russia.
 1906. Burford, George, M. B., C. M., 35 Queen Anne St., Cavendish Sq., W., London, Eng.
 1906. Cartier, Francois, 62 Rue Michel-Ange, Paris, France.
 1903. Castro, Magathais, M. D., San Paulo, Brazil.
 1906. Clarke, John H., M. B., M. D., C. M., 8 Boulton St., Piccadilly, London, Eng.
 1908. Converse, Julio F., Bogota, Colombia.
 1892. Delosea, Frederick, M. D., Westend Str. 19, Frankfurt-on-Main, Germany.
 1906. de Meirelles, Saturnino Soares, M. D., Rio Janeiro, Brazil.
 1914. Ghose, Sarat C., M. D., 1 Kedar Bose Lane, Bhowanipur, Calcutta, India.
 1892. Grunewald, August, M. D., Heinestrasse 49, Frankfurt-on-Main, Germany.
 1914. Haehl, Richard, M. D., Helfferich Str. 10, Stuttgart, Germany.
 1876. Haupt, W. Albert, M. D., Chemnitz, Saxony, Germany.
 1893. Hawkes, Alfred E., M. D., 22 Abercrombie Sq., Liverpool, Eng.
 1914. Hoyle, E. Petrie, M. D., 23 Charles St., Haymarket, S. W., London, Eng.
 1895. Kall, C. S., M. D., L. M. S., 150 Cornwallis St., Calcutta, India.
 1906. Knox-Shaw, C. T., M. D., C. M., 19 Bentinck St., W., London, Eng.
 1893. Majumdar, P. C., M. D., 22 London St., Calcutta, Ind.
 1893. Majumdar, P. C., M. D., 22 London St., Calcutta, India.
 1915. Mende, Ernest, M. D., Zurich, Switzerland.
 1897. Mersch, E., M. D., Chaussee de Navre 177, Brussels, Belgium.
 1893. Molson, J. Cavendish, M. D., 82 Wimpole St., W., London, Eng.
 1902. Monterdo, E., Mexico, Mexico.
 1906. Neatby, E. A., M. D., L. R. C. P., L. R. C. S., 82 Wimpole St., London, Eng.
 1897. Nyssens, Ernest, M. D., Rue de Drapier, Brussels, Belgium.
 1904. Searson, James, M. D., 35A Welbeck St., W., London, Eng.

HONORARY MEMBERS

1904. Gissevius, Friedrich, M. D., Carlsbad Str. 6 N., Berlin, Germany.
 1912. Mack, Charles S., M. D., Toledo, O.

HONORARY ASSOCIATE MEMBERS

1909. Anshutz, E. P., M. D., 1011 Arch St., Philadelphia, Pa.
 1899. Bailey, E. H. S., 1101 N. Ohio St., Lawrence, Kan.
 1893. Bojanus, Madam Olga, Samara, Russia.
 1915. Pearson, William A., Ph. D., Hahn. Med. Col., Philadelphia, Pa.
 1879. Thompson, Mrs. Elizabeth, New York, N. Y.

SENIOR MEMBER *

All members of the Institute who have maintained twenty-five consecutive years' membership in the American Institute of Homœopathy unincorporated shall be considered **SENIOR MEMBERS** and be exempt from annual dues, and the same designation and exemption from dues shall be accorded to others whose term of membership in the incorporated body added to the number of years of membership in the American Institute of Homœopathy unincorporated shall amount to twenty-five years in good standing, and to honorary members as heretofore or hereinafter provided.—*By-Laws, Article V., Section 4.*

1854. Sisson, Edward R.	1870. Beebe, Eugene W. Boyer, Francis W. Cheney, Benjamin H. Johnson, Robert B. King, Edward H. Kippax, John R. Pennoyer, Nelson A.	1874. Crank, Charles D. Foote, Mary E. B. Herron, Charles D. Hunt, Dwight B. McDonald, William O. Pratt, Edwin H. Walton, Charles E.
1858. Detwiller, John J.		
1859. Sherman, John H.		
1860. Smith, Thos. Franklin Wood, Orlando S.	1871. Bingaman, Charles F. Cole, Harlan P. Drake, Olin M. Edmundson, Walter F. Greenleaf, John T. Higbee, Albert E. Knerr, Calvin B. Lewis, Henry M. Martin, Constantine H. Mercer, Robert P. Sartain, Harriet J. Streets, Jacob G.	1875. Chapman, Millie J. Cowperthwaite, Allen C. Davis, Fielding L. Guernsey, Joseph C. House, Robert B. Korndorfer, Augustus Mitchell, John N. Runnels, Moses T. Schley, James M. Spinney, Andrew B. Terry, Marshall O. Thomas, Charles M.
1866. Cogswell, Chas. H.		
1867. Baylies, Bradford L. B. Bell, James S. Foster, Wm. D. Keep, J. Lester Miller, Robert E. Phillips, Albert W. Shearer, Thomas Thompson, John H. Thompson, Virgil Wesselhoeft, Walter	1872. Berghaus, Alexander Hutchins, Horace S. Ockford, George M. Pettengill, Eliza F. Richardson, Bradbury M. Warren, John K. Williamson, Matthew S. Worcester, Samuel	1876. Adams, Reuben A. Beebe, Henry E. Campbell, James A. Chase, Herbert A. Conant, Thomas Hindman, David R. Jackson, Edward R. Johnson, George H. T. Johnson, Maria N. Monmonier, Julius L. Nichols, Ammi S. Ostrom, Homer I. Richardson, William C. Williamson, Alonzo P. Wilson, Joseph H.
1868. Baxter, Harris H. Biggar, Hamilton F. Finch, Edwin W. Hedges, Samuel P. Macfarlan, Malcolm		
1869. Arcularius, Philip E. Bishop, Herbert M. Bradford, Thomas L. Buck, Jirah D. Compton, J. Augustine Dennis, Laban Flanders, David P. Graves, Stockbridge P. McGeorge, Wallace Morse, Martin V. B. Mossman, Nathan A. Smith, St. Clair	1873. Allen, George D. Buffum, Joseph H. Butler, William M. Canfield, Corresta T. Fisher, A. Leroy Fisher, Charles E. Hitchcock, Dexter Lukens, Merriken B. Patchen, George H. Runnels, Orange S. Waters, Moses H. Wilson, Matthew T.	1877. Bellows, Howard P. Couch, Asa S. Dake, Walter M. Lewis, F. Park Paine, N. Emmons Penfield, Sophia Vilas, Charles H.

*Full address in alphabetical list.

1878.

Cranch, Edward
Davis, John E. L.
Dinsmore, Samuel W. S.
Kershaw, J. Martine

1879.

Danforth, Loomis L.
Gifford, Willis B.
Hawkes, W. J.
Peck, George B.
Shannon, Samuel F.
Swartz, J. Ross

1880.

Foster, Richard N.
Hofmann, Charles H.
Kinyon, Claudius B.
Lewis, Joseph
Nichols, Charles L.
Rushmore, Edward
Russegue, Henry E.
Strong, Thomas M.
Swain, Mary L.

1881.

Allen, Albion H.
Barker, Clarence F.
Case, Erastus E.
Clapp, James W.
Cummings, M. Louisa
Dake, Charles
Demarest, John H.
Geiser, Samuel R.
Green, Charles L.
Mansfield, Job R.
Moffat, Edgar V.
Moffat, John L.
Packard, Horace
Pardee, Ensign B.
Rankin, Egbert G.
Reading, J. Herbert
Rockwell, John A.
Schreiner, Emma T.
Simon, Samuel H.
Sumner, Charles R.
Vishno, Charles
Wilberton, Lawrence G.
Wrisley, John A.
Wyman, Edmund L.
Yoder, Daniel

1882.

Carvill, Alphonso H.
Church, Thomas T.
Fahnestock, Joseph C.
Gilman, John E.
Harris, W. John
Leonard, William E.
Sherwood, Herbert A.
Smith, Julia Holmes
Spreng, Theodore F. H.

Taylor, Theodore H.
Whipple, Alfred A.

1883.

Boericke, William
Carmichael, John H.
Crawford, Alex. K.
Gorham, George E.
Horner, J. Richey
Howard, Erving M.
Ormes, Francis D.
Reddish, Albert W.
Ridge, Jonathan T.
Slaughter, James E.
Stumpf, Daniel B.
Ward, James W.
Wilcox, DeWitt G.

1884.

Hazard, Theodore L.
McClelland, Robert W.
Morgan, William L.
Morris, John W.
Perkins, Charles W.

1885.

Babcock, Daniel A.
Crosby, George W.
Hall, William G.
Hicks, Susan M.
Hooker, Edward B.
Lawshe, John Z.
Linnell, Edward H.
Lowenthal, Louis
Rand, John P.
Reed, Robert G.
Reed, Thomas E.

1886.

Bartlett, Clarence
Burritt, Alice
Candee, James W.
Clark, Byron G.
Colby, Edwin A.
Cooke, Persifet M.
Gale, Charles A.
Halsey, Frederick W.
Jefferds, Henry C.
Johnson, Theodore M.
LeSeur, John W.
MacLachlan, Daniel A.
McDowell, Charles
Richards, George E.
Richardson, Frank C.
Scott, William H.
Shelton, George G.
Van Lennep, William B.
Wilcox, Sydney F.
Wolcott, Edwin H.
Wood, James C.
Youngman, Maurice D.

1887.

Allen, Lamson
Baily, Alfred W.
Blodgett, Stephen H.
Bullard, J. Arthur
Claypool, Albert
Dake, Frank B.
Dills, Malcolm
Faust, Louis
Gooding, E. Jeanette
Goodno, William C.
Halbert, Homer V.
Hasbrouck, Cornelius J.
Hasbrouck, Sayer
Helmuth, William Tod
Jewitt, Edward H.
Knight, Stephen H.
Linn, Alexander M.
Milbank, William E.
Millsop, Sarah J.
Percy, Frederick B.
Percy, George E.
Porter, Eugene H.
Putnam, William B.
Richards, Lleyellyn B.
Runnels, Solllis
Smith, Melvin D.
Snyder, Edward E.
Stone, W. H.
Sutherland, John P.
Swett, Emily F.
Thome, Arthur G.
Thompson, James H.
Van Baun, William W.
White, Roland T.

1888.

Aldrich, Henry C.
Bailey, Benjamin F.
Bailey, E. Stillman
Becker, Frederick J.
Clarke, Henry L.
Clossen, James H.
Defendorf, John J.
Finney, Everett B.
Horning, David W.
Hough, Walter D.
Houghton, Neidhard H.
Hurd, S. Wright
Keegan, William A.
King, William R.
Krogstad, Henry
Lee, John M.
LeSeur, Oscar
Minton, Henry B.
Powell, William C.
Reading, Thomas
Reeves, Joseph M.
Southwick, George R.
Stewart, Thomas M.

- | | | |
|----------------------|-----------------------|------------------------|
| Talbot, George H. | Hanchette, William H. | Dennison, Ira W. |
| Thompson, Chas S. W. | Hoover, Willis C. | Fellows, C. Gurnee |
| Tucker, Genevieve | Just, August A. | Gillard, Edwin |
| Walker, James M. | Keeler, E. Elmer | Gooding, Gertrude |
| Welch, George O. | Martin, George H. | Hedges, Albert P. |
| Whiting, Walter B. | McKinney, Samuel P. | Lefferts, Franklin P. |
| Whitmarsh, Henry A. | Miller, Byron E. | Lowe, Thomas |
| Worcester, George W. | Norton, Arthur B. | MacCracken, William P. |
| | Sherman, Nancy B. | Marshall, Robert S. |
| | Strickler, David A. | Paine, Clarence M. |
| | Van den Burg, Wm. H. | Phillips, R. Oliver |
| | Vidal, James W. | Poppele, Charles F. |
| | Waffle, Willella H. | Richardson, Andrew J. |
| | Ward, Florence N. | Rumsey, Charles L. |
| | | Russell, Henry A. |
| | | Sawtelle, Benjamin A. |
| | | Shearer, Thomas L. |
| | | Sturtevant, Myron C. |
| | | Suttle, Henry J. |
| | | Whitman, Frank S. |

1889.

1890.

ALABAMA

LIST OF MEMBERS BY STATES*

ALABAMA

Huntsville—
Duffield, Alfred M.
Mobile—
Wright, Rodney, A.

ALASKA

Juneau—
De Vighne, Harry C.

ARIZONA

Buckeye—
Franklin, William A.
Jerome—
Roberts, Marion W.
Phoenix—
Hawley, Amasa S.
Tucson—
King, Edward H.
Schrader, Charles A.

ARKANSAS

Forrest City—
Jackson, Wm. E. S.
Fort Smith—
Bungardt, Carl S.
Hot Springs—
Dake, Charles
Dake, Frank B.
Dake, Walter M.
Forbes, William O.
Hallman, Victor H.
Little Rock—
Brooks, Ida J.
Hughes, William B.
Runnels, Scott C.
Mena—
Robbins, A. Jerome
Texarkana—
Williams, Percy C.

CALIFORNIA

Alhambra—
Bishop, Herbert F.
Lane, Daniel E.
Altadena—
Martin, Eleanor F.
Martin, George H.
Azusa—
Atkinson, Leonard W.
Bakersfield—
Long, Samuel C.

Berkeley—
Henderson, Jos. W.
Hooker, Sanford B.
Forestville—
Wilson, Lafayette, J.
Fortuna—
Jorgensen, Sophus N.
Fresno—
Long, George L.
Grass Valley—
Barnes, Paul D.
Lockeford—
Barbour, Nathan R.
Loma Linda—
Millsop, Sarah J.
Long Beach—
Bishop, Frank D.
Buell, Arthur W.
Crutcher, Lewis P.
Johnson, Maria N.
Los Angeles—
Anderson, Alice H.
Bailey, LeRoy H.
Barnard, Frank S.
Barndt, Milton A.
Bishop, Herbert M.
Campbell, Eugene
Campbell, Robert A.
Carman, Harriet W.
Chapin, Anna D.
Citron, I. Jesse
Cowperthwaite, A. C.
Farr, Margaret E.
Fullmer, Burt E.
Green, Mary J.
Hatch, Raymond W.
Hawkes, William J.
Kellogg, Francis B.
Kerr, Harlan T.
Krudrop, D. Fonjes
Little, Harry J.
Low, Triumph C.
Manning, Edward C.
McKinney, Samuel P.
Palmer, Helen C.
Robinson, Theoph. C.
Romaine, Hannah M.
Salisbury, Samuel S.
Shepherd, Hovey L.
Van Norman, Wm. V.
Waggoner, Eugene L.
Wheeler, Amsden E.
White, George S.
Winnard, W. L.

Madelline—
Smith, Lynn C.
Marysville—
Tapley, Joseph F.
Oakland—
Boolson, Sophus
Chamberlain, N. H.
Crawford, Alex. K.
Cunningham, A. L.
Fenton, Susan J.
Hulme, Fred. W. W.
Lackey, Howard J.
Mosby, George
Rice, Jesse A.
Stratton, Wallace C.
Wallace, M. Edna
Winslow, Thomas H.
Pasadena—
Chaney, Edwin N.
Fitch, Stewart J.
Goodno, William C.
Nichols, Walter E.
Troutman, George D.
Patton—
Simpson, Jessie H.
Wilcox, Franklin S.
Pomona—
Huntington, Ella E.
Redlands—
Stolz, Mary A.
Riverside—
Atwood, Harry A.
Holland, Joseph H.
Johnson, Robert B.
Sacramento—
Martin, James T.
San Bernardino—
Johnson, Ammi K.
Stiles, William H.
San Diego—
Averill, Maria B.
Compton, Geo. W.
Lischner, Hyman
Moss, Benjamin J.
Oatman, Homer C.
Thudichum, Carl L.
San Francisco—
Barbour, Nathan P.
Bennett, D. Gates
Boericke, Wm.
Boldemann, Lillie
Brooks, Joseph S.
Bryant, Edgar R.
Buffum, Joseph H.
Cameron, Ida B.

*Full address in alphabetical list.

CONNECTICUT

Crooks, Nelson P.
 Engle, Howard M.
 Ewing, Edgar E.
 Fassett, Edwin L.
 Fleissner, Cuthbert
 Garlick, Perley G.
 Glover, Mary E.
 Goss, Alice M.
 Howell, Edgar H.
 Hurd, Laura B.
 Kastendieck, John -
 Massie, Andrew M.
 Minaker, Andrew J.
 Palmer, George H.
 Pinkham, Chas. B.
 Potter, Clarence D.
 Rice, Philip
 Rocho, Victor L.
 Roger, Joseph H.
 Sampson, William A.
 Scott, Catherine V. C.
 Slaughter, Kate C.
 Smith, John J.
 Tomlinson, R. F.
 Visalli, Joseph
 Ward, Florence N.
 Ward, James W.
 Wilson, Matthew T.
 Wise, Sara E.
 Wood, Louis F.
 Wright, H. Julian

San Gabriel—
 Matthews, Thomas H.

San Jose—
 Dickinson, Almer E.
 Goodridge, Hannah
 Kapp, Michael W.
 Keith, Wm. E.

San Rafael—
 Marston, Charles B.

Santa Ana—
 Hill, William H.
 Waffle, Willella H.

Santa Barbara—
 Stambach, Henry L.
 Stambach, Ida V.

Santa Monica—
 Case, Lynn H.
 Hunt, John S.
 Williamson, Alonzo P.

Sebastopol—
 Blackshaw, Jos. B.

South Berkeley—
 Stockton, Belle C.

South Pasadena—
 Herron, Charles D.

Stockton—
 Sprague, Stanley

Ukiah—
 Van Allen, Lew K.
Volcano—
 Smith, Moses E.
Yreka, Siskiyou Co.—
 Orr, Charles S.

COLORADO

Arvada—
 Greene, Edward P.
Bennett—
 Tremaine, Harmon
Boulder—
 Burdick, Jesse R.
Canon City—
 Lamb, George C.

Colorado Springs—
 Faust, Frederick A.

Denver—
 Abbott, Frona
 Armbruster, Chas. E.
 Beeler, Margaret H.
 Blosser, John R.
 Brown, Amy E.
 Brown, James B.
 Burnham, Norman B.
 Calvert, Sarah E.
 Cooke, Persifet M.
 Douglass, Atwater L.
 Fitz-Hugh, Julia D.
 Harris, John W.
 Irvine, Joseph C.
 MacManus, Mary W.
 Mastin, James W.
 McGee, Rea P.
 Moore, Alfred M.
 Palmer, George W.
 Park, Bertha S.
 Peck, Grant S.
 Phillips, Samuel G.
 Pollock, Lillian E.
 Pronger, Emma D.
 Rowe, Paul G.
 Russell, Lida B.
 Steinhardt, Ernest H.
 Strickler, David A.
 Swerdfeger, Elbert B.
 Vinland, Otto S.
 Walker, James M.
 Wheeler, Lucius B.

Eaton—
 Peck, Birdsey P.

Fort Morgan—
 Bowie, Robert C.

Golden—
 Hood, Joseph R.

Grand Junction—
 Collins, P. Phelps

Loveland—
 Craig, James W.
 Ford, John E.
Ordway—
 Brooks, William F.
Pueblo—
 Russell, Plummer D
Sterling—
 Fisher, Charles E.
Trinidad—
 Ford, George R.
Windsor—
 Bartz, Leonard E.

CONNECTICUT

Branford—
 Evans, George E.
Bridgeport—
 Haller, Charles P.
 Payne, Clarence N.
 Smith, Edward S.
Bristol—
 Thorpe, Walter E.
Danbury—
 Penfield, Sophia
Danielson—
 Todd, Frank P.
Deep River—
 Devitt, Frederick W.
Derby—
 Phillips, Albert W.
 Roberts, H. Alfred
Greenwich—
 Piatti, Virgil C.
Guilford—
 Smith, F. DeWitt
Hartford—
 Angell, Augustus
 Case, Erastus E.
 Couch, Arthur R.
 Eldridge, G. Perry
 Hart, Arthur H.
 Hooker, Edward B.
 Russegue, Henry E.
 Williams, Ruby M.
Ivoryton—
 Shannon, Elmer E.
Litchfield—
 Westervelt, M. Z.
Meriden—
 Hewitt, Charles E.
 Hill, G. Arthur
 Skladzien, T. S.
 Stoddard, John E.
 Todd, Helen B.
Middletown—
 Ives, S. Mary
Milford—
 Putney, Willis S.

CONNECTICUT

Mystic—

Bucklyn, John K.
Congdon, Charles F.

New Canaan—

Keeler, Charles B.

New Haven—

Adams, Burdett S.
Baldwin, William P.
Burr, Harold L.
Cheney, Benjamin H.
Ferguson, Robert J.
Hall, Edwin C. M.
Jackowitz, Gabriel J.
Nugent, W. Haggard
Sage, Henry P.
Skiff, Walter C.
Vishno, Charles
Walker, Emory J.

New London—

Allen, Albion H.
Williams, Carl A.

Newtown—

Gale, Frank J.

Norwalk—

Hitchcock, Dexter
Mossman, Nathan A.

Norwich—

Linnell, Edward H.
Pollock, Henry M.

Plainville—

Moody, Charles W.

Ridgefield—

Shelton, George G.

Rockville—

Gillespie, William B.

Roxbury—

Blaha, George A.

Shelton—

Anderson, Peyton F.

South Norwalk—

Wadsworth, Alvin D.
Worcester, Samuel

Stafford Springs—

Bard, George P.

Stamford—

Givens, Amos J.
Root, Stella Q.
Rowell, E. Everett
Shirk, Samuel M.
Wright, Frank M.

Thompsonville—

Vail, Edwin S.

Torrington—

Pulver, Frank A.

Wallingford—

Webb, Charles V.

Waterbury—

Cameron, Hugh A.
Faber, George A.
Hayes, Royal E. S.
Hinckley, Walter F.

DELAWARE

Frederica—

Hoey, William F.

Wilmington—

Fisher, John Lee
Flinn, Lewis W.
Greenwood, Mitchell
Howell, Harrison W.
Hughes, Charles W.
Mullin, John W.
Myers, Vincent M.
Pennock, Henry R.
Pierson, Frank F.
Ritchie, Charles A.
Seward, Florence M.
Washburn, Victor D.

DISTRICT OF
COLUMBIA

Washington—

Birdsall, Gregg C.
Branson, Joseph H.
Brosius, Mary A.
Burritt, Alice
Burritt, Martha C.
Choate, Rufus
Custis, George W. N.
Custis, James B. G.
Custis, Marvin A.
Dennison, Ira W.
Dunne, Harold E.
Green, Julia M.
Hawxhurst, Howard
Hughes, John C.
King, Cora S.
King, Harry C.
King, William R.
Kingsman, Richard
Krogstad, Henry
Macdonald, Thos. L.
Ross, Louise
Sappington, Ernest F.
Stearns, John S.
Swartwout, Frank A.
Swormstedt, Lyman
Warner, Carden F.
Webster, Lenore P.
Wilson, Lewis D.

FLORIDA

Bradentown—

Parker, Grace R.
Whitaker, Furman C.

Daytona—

Rogers, Mary J.
Smith, Dean T.

Daytona Beach—

Guy, Milton P.

De Land—

Munson, Albert S.

Eustis—

Reed, Francis A.

Gainesville—

Buck, William J.

Jacksonville—

Banning, Edmund P.
Davies, George A.

Kissimmee—

Leavitt, Herbert A.

Miami—

Babcock, H. C.

Ozona—

Whitford, Grace R.

Pensacola—

Phillips, Lawrence C.

Sarasota—

Hicks, Susan M.

St. Augustine—

Griffin, James B.
Lindsley, Horace

St. Petersburg—

Hulbert, Charles D.

Stuart—

Graham, David M.

Tampa—

Richardson, Wm. C.

Winter Park—

Switzer, Charles R.

GEORGIA

Atlanta—

Lawshe, John Z.
Lukens, Merriken B.
Paine, Clarence M.
Stone, Spencer R.

IDAHO

Milner—

Lenz, John G.

ILLINOIS

Atkinson—

Howlette, George C.

Atlanta—

Webster, Judson T.

Aurora—

Bartlett, Frederick A.
Colwell, Charles E.
Dienset, George E.

Batavia—

Spencer, Annie W.

ILLINOIS

Belleville—
Bahrenburg, William

Belvidere—
Andrews, Robert B.
Swift, Arthur W.
Whitman, Frank S.

Berwyn—
Moe, Chester C.

Bloomington—
Calvert Joseph W.
Kelso, George B.
Neiberger, William E.

Bondville—
Laffoon, Clint A.

Braidwood—
Arnold, Romus

Cambridge—
Eaton, Caroline

Centralia—
Dunn, Charles N.

Champagn—
Honn, William M.
Replogle, Peter S.

Charleston—
Snider, R.
Starr, Nathan

Chicago—
Aitchison, Florence
Allen, Abby D.
Allen, David E.
Anda, Thorwald
Anderson, Annie A.
Aurand, Samuel H.
Bacmeister, Theodore
Bailey, E. Stillman
Baker, Fredrica R.
Barber, Gideon L.
Barker, Clarence F.
Barnes, Florence L.
Barstow, Rhoda P.
Becker, William F.
Beers, Lila E.
Bell, James S.
Bergman, Nils
Bergolth, Christine
Bishop, Minnie R.
Blackmarr, Frank H.
Blackwood, Alex. L.
Blesse, F. A.
Bloomington, F. D.
Blouke, Milton B.
Boone, Jesse F.
Bostick, Ida M.
Boynton, William E.
Branen, Frank
Bray, Henry T.
Brown, George L.
Bruce, Edward M.

Buchanan, Helen M.
Cameron, Anson
Cheeseman, Wm. O.
Chislett, Howard R.
Church, J. L.
Clark, Peter S.
Clinger, Paul M.
Cobb, Edward W.
Cobb, Joseph P.
Collier, Clinton C.
Collins, Clinton D.
Cornell, John W.
Cornell, Mary C.
Costain, Thomas E.
Culver, Forest E.
Cushing, Guy M.
Day, Leonidas A. L.
De Bey, Cornelia B.
Dewar, Hugh M.
Dodge, Rufus E.
Downs, Joseph M.
Eldridge, Cornelius S.
Elms, Byron C.
Everett, Frederick E.
Everham, Marguerite
Fash, Martin H.
Fellows, Antoinette
Fellows, C. Gurnee
Ferguson, Allan H.
Fisher, Hart E.
FitzPatrick, Gilbert
Ford, Francis C.
Foster, Richard N.
French, Malachi R.
Fry, Armina C.
Fuller, Agnes
George, Edgar J.
Gilman, John E.
Gilster, Arthur E.
Gordon, Arthur H.
Graas, Vena C.
Graves, Kate I.
Graves, Robert E.
Gray, Addie E. F.
Greene, Charles F.
Grimmer, Arthur H.
Grubbe, Emil H.
Guillaume, Frank
Gurney, Belle
Halbert, Homer V.
Haley, William F.
Hammond, Margaret
Hanks, Mary E.
Harkness, Carlton A.
Harpel, William F.
Harris, Andrew F.
Haseltine, Burton
Hash, Edward W.
Hastings, Willard S.
Hedges, Albert P.

Hedges, Samuel P.
Henderson, B. W.
Hingston, James W.
Hobart, Austin W.
Hobbs, Lillian R.
Hobson, Sarah M.
Howard, William H.
Hubeny, Max. J.
Huber, Joseph M.
Hullhorst, Paul
Hunt, Marie L.
Hurley, Harry P.
Hutchins, Hannah G.
Hutton, James H.
Ingersoll, L. F.
Jared, Vernon M.
Johnson, Edith W.
Jones, Ralph P.
Kahlke, Charles E.
Karst, F. August
Kent, James T.
Kimball, Cecilia P. G.
Knapp, Harry P.
Knoll, Robert F.
Knox, Sherman S.
La Forge, Alvin W.
Leavitt, Sheldon
Leipold, William C. A.
Lewy, Alfred
Lowenthal, Louis
Lowry, Nelson H.
Luse, Horatio D.
MacCracken, Wm. P.
Mack, Mary K.
MacLean, Malcolm B.
MacMullen, Della M.
Manning, Leonard
Maxson, Mary V.
McBean, George M.
McBurney, Benj. A.
McClenathan, L. F.
McDonald, Alex. R.
McDowell, William C.
Melendy, Robert A.
Merrill, Henry H.
Metcalf, Frank A.
Miller, Henry C.
Miller, Harold W.
Miller, Theodore E.
Mitchell, Clifford
Mitchell, Joseph R.
Mize, Harland E.
Morris, Robert N.
Moth, Morris J.
Moulton, Eugene A.
Paine, Josephine H.
Paul, Philipp D.
Pease, Frederick O.
Pierson, Hermon W.
Pollach, Paul

ILLINOIS

- Pratt, Edwin H.
 Quenzer, John F.
 Raymond, Bertha C.
 Richards, George E.
 Richberg, Elolse O.
 Richmond, Ysabel G.
 Roberts, Thomas G.
 Roush, Dwight I.
 Russell, Marion O.
 Sampson, David G.
 Saunders, Annetta A.
 Saunders, Charles B.
 Sawyer, Eugene W.
 Sayre, C. Edw.
 Schofield, Hugh R.
 Schwartz, Elmer E.
 Selders, Eda B.
 Smith, Frank A.
 Sowers, Alva
 Sparling, E. H.
 Spencer, Burt F.
 Starkey, George G.
 Stearns, William M.
 Steyner, Emma B.
 Straten, Hubert
 Strawn, Julia C.
 Street, Richard H.
 Sweet, E. C.
 Taylor, Edwin A.
 Taylor, Herbert E.
 Tenney, Alonzo C.
 Thome, Arthur G.
 Thompson, LeRoy
 Thompson, Lillian M.
 Turbin, Louis M.
 Van Norden, Wm. E.
 Vaughan, Elmer E.
 Waalkes, Richard
 Walls, Charles B.
 Walton, Charles A.
 Waterman, Alonzo H.
 Waters, Frank R.
 Weirick, Clement A.
 White, Annie H.
 White, Elmer T.
 Wieland, Frank
 Wilson, W. Henry
 Wood, Frederick W.
 Wood, Leonard S.
- Clinton—**
 Bogardus, Charles S.
- Crete—**
 Miessler, C. F. Otto
- Danville—**
 Howard, Mordecai L.
- Decatur—**
 Dudley, Frederick J.
 Garber, Clare A.
 Poppele, Charles F.
- Dixon—**
 Baird, Robert L.
 Lehman, Samuel W.
 Sickles, Edward A.
- Dundee—**
 Kerch, Harry E.
- East St. Louis—**
 Kirsch, Francis
- Elgin—**
 Dueringer, Henry W.
 Sharp, Charles E.
- Evanston—**
 Barry, George F.
 Bartholomew, Anna
 Hinkle, Abbie A.
 McCrillis, Mary F.
 Moore, Samuel M.
- Farmer City—**
 McIntire, Marshall C.
- Forrest—**
 Barnhizer, Jay G.
- Freeport—**
 Morrison, Hugh E.
 Smith, Alden E.
- Galva—**
 Dickinson, Jesse D.
- Geneseo—**
 Spencer, Wilbur F.
- Gibson City—**
 Galford, Gilbert H.
- Greenville—**
 Luzader, Katherine B.
- Hammond—**
 Lewis, Thos. B.
- Harvard—**
 Maxon, J. G.
- Harvey—**
 Rose, Marie F.
- Highland Park—**
 Rice, Frederick T.
 Sheldon, Albert R.
- Hinsdale—**
 Lawton, Thomas
 Rudorf, Paul
- Hoopeston—**
 Adsit, Joseph S.
 Bresee, C. J.
 Earel, Albert M.
- Irvington—**
 Klasterman, George
- Joliet—**
 Houston, Alfred M.
 Houston, Grant
 Ogden, Arthur W.
 Welch, Wm. B.
- Kankakee—**
 Armstrong, Chas. A.
 Eshbaugh, Aaron S.
- Kewanee—**
 Duncan, G. B.
- La Grange—**
 Llewellyn, Henry S.
 Raschke, Emil H.
- Lake Bluff—**
 Hislop, Margaret
- La Salle—**
 Waligora, Stanley B.
- Marine—**
 Veatch, John H.
- Marshall—**
 Rose, James J.
- Mason City—**
 Schuette, William H.
- Mattoon—**
 Richardson, E. E.
- Maywood—**
 Lovejoy, Walter C.
- Moline—**
 Wessel, Peter H.
- Monroe Center—**
 Davis, Harry H.
- Monticello—**
 Knott, Jephtha D.
- Morris—**
 Leach, George A.
 Sturtevant, Myron C.
- Morrison—**
 Syndegaard, H. F.
- Mt. Carmel—**
 Nichols, Asa B.
- Newman—**
 Gillogly, Raymond C.
- Oak Park—**
 Beebe, Leslie W.
 Conger, Guy P.
 Hendy, Clara A.
 Luff, Emily M.
 Ruggles, William L.
- Odell—**
 Larsen, Robina H.
- Ottawa—**
 Parr, Samuel E.
 Telford, Henry C.
- Paxton—**
 Cottingham, W. L.
 Duncan, Frank
- Pekin—**
 Catron, William O.
- Peoria—**
 Bascom, Henry M.
 Kinnett, William E.
 Parker, Donna M. T.
 Pintler, Hiram E.
 Pintler, Howard L.
 Sidley, Frederick K.
- Petersburg—**
 Moulton, Horace P.
- Pittsfield—**
 Wells, Frank N.

INDIANA

- Plainville—**
 Strong, Edwin R.
Polo—
 Griffin, Leavitt M.
Pontiac—
 Carlin, Chas. J.
 Long, Charles H.
Princeton—
 Downer, Abner G.
Quincy—
 Becker, H. E.
 Whipple, Alfred A.
Robinson—
 Mohler, George C.
Rochelle—
 File, Elmer C.
Rockford—
 Hill, Frank K.
 James, Katherine E.
 Maas, Elizabeth C.
 Shultz, Louis A.
 Walker, Charles A.
Rock Falls—
 Scott, Freeman J.
Rock Island—
 Bradford, Eli
 Crooks, William A.
Round Lake—
 Martin, Frederick H.
Sandwich—
 Erwin, F.
Savanna—
 Maloney, Luther H.
Somonauk—
 Clarence T.
Springfield—
 Armstrong, Wilber P.
 Frazee, Calvin A.
 Meyer, J. G.
Sterling—
 Carolus, William B.
 Hill, Marvin J.
 Kehr, Samuel S.
 Snively, John L.
Steward—
 Durin, James M.
Warren—
 Downing, Dana F.
Waukegan—
 Roemer, Jacob F.
 Stone, Florence A.
Woodstock—
 West, William H.
- INDIANA
- Amboy—**
 Baldwin, Verne E.
Anderson—
 Hockett, George H.
 Sears, Albert H.
- Aurora—**
 Wallace, Edward R.
Berne—Franz, Ernest
 Reusser, Amos
Boonville—
 Youngblood, Eli L.
Columbus—
 Bracken, Lawson E.
Crawfordsville—
 Gott, William T.
Crown Point—
 Gibbs, James C.
Delphi—
 Allen, J. Henry
Elkhart—
 Benham, Frank A.
 Fisher, A. Leroy
Ellettsville—
 Presley, Isaac N.
Evansville—
 Beeler, Jerome S.
 Cain, Daniel B.
 Davis, Fielding L.
 Harpole, Charles B.
 Montague, William C.
 Smith, Alexander C.
 Taylor, Theodore H.
 Viehe, Carl G.
Fort Wayne—
 Singer, Elmer C.
Frankfort—
 Bergen, Everett D.
 Wise, James B.
Franklin—
 Records, John N.
 Saunders, Daniel R.
Goshen—
 Kreider, Martin K.
Greencastle—
 Ayler, Amos E.
Greenfield—
 Lowe, Tyner E.
Greensburg—
 Weaver, Daniel W.
Hagerstown—
 Canaday, Nathan F.
Hammond—
 Merz, Henry G.
 Rafacz, Michael E.
Hebron—
 Edmonds, Enos A.
Huntington—
 Clopey, Mitchell C.
 Hicks, James M.
Indianapolis—
 Adams, H. Alden
 Bowers, Isaac H.
 Clarke, William B.
 Compton, J. A.
 George, William E.
- Helming, Theo. W.
 Keller, Martha E.
 Lowe, George E.
 Ogle, Albert A.
 Runnels, Orange S.
 Runnels, Sollis
 Shaffer, George H.
 Snyder, Aaron W.
 Stewart, Frank C.
 Stewart, William R.
 Stewart, Willis B.
 Storck, Dorothea A.
 Warfel, Frederick C.
 Webb, John W.
- Jeffersonville—**
 Baldwin, John H.
Lafayette—
 Ackermann, Aug. C.
 Kern, Charles B.
LaPorte—
 Fargher, James H.
Lebanon—
 Coons, Henry N.
 Higgins, Otis C.
Marion—
 Fowler, Ada A.
Miami—
 Shoemaker, James B.
Mishawaka—
 Hutchinson, Barzilla
Mooreland—
 Clapper, David
Muncie—
 Martin, John S.
Nappanee—
 Slabaugh, Jancy S.
New Albany—
 Erni, G. Oscar
 Sevringhaus, E. A.
Noblesville—
 Harrell, Samuel
 Michael, Addison
North Manchester—
 Holloway, Emma G.
 Shoemaker, George L.
Orleans—
 Stewart, Oscar H.
Peru—
 Baldwin, Clarence A.
 Eikenberry, B. F.
 Van Mater, George G.
Remington—
 Besser, Emil
Richmond—
 Huntington, T. T.
Roanoke—
 Gordon, Baltzer L.
Rushville—
 Dean, D. Hager

INDIANA

South Bend—
Godfrey, Julia D.
Thomas, Martha V.
Terre Haute—
Baker, William H.
Waters, Moses H.
Thornton—
Armstrong, Chas. R.
Tipton—
Huron, Willis B.
Union City—
Gustin, Francis M.
Wabash—
Pearson, Edson D.
Stewart, John W. G.
Warsaw—
Richer, Jacob D.
Washington—
Deffendall, Wm. B.
West Lebanon—
Johnson, Earl E.
Winchester—
Huddleston, Albert F.
Windfall—
Hildrup, Jefferson R.
Winslow—
Bell, Daniel W.
Woodburn—
Moser, Edward

IOWA

Adel—
Irvin, Harry C.
Albia—
Miller, Robert P.
Allerton—
McCall, John H.
Ames—
Aplin, Clarence A.
Anita—
Becker, Roy A.
Arlington—
Hazard, Charles M.
Atlantic—
Becker, Frederick J.
Wilder, Carlton V.
Audubon—
Fulton, John M.
Belle Plaine—
Snitkay, Charles J.
Brooklyn—
Barker, Alfred H.
Burlington—
Woodbury, Ernest I.
Cedar Falls—
Hansen, Andreas S.
Cedar Rapids—
Cogswell, Charles H.
Drahos, Vlasta H.

Centreville—
McFarland, John
Charles City—
Miner, James B.
Cleghorn—
Ihle, Charles W.
Clermont—
Becker, Frederick
Clinton—
Blunt, Arthur W.
Gruber, Carl
Ryder, W. B.
Council Bluffs—
Hanchett, Alfred P.
Moth, Robert S.
Creston—
Beatle, Charles A.
Myers, Amos J.
Davenport—
Peck, Raymond E.
Tucker, Genevieve
Decorah—
Woodward, Archie C.
Des Moines—
Alden, Frederick
Busenbark-Harbach,
Lucy M.
Coleman, Jennie M.
Guild, William A.
Hatch, Alice H.
Holloway, Charles E.
Huntoon, Gardiner A.
Linn, Alexander M.
Linn, Ellis G.
Loizeaux, Charles J.
McCartney, Wm. H.
Royal, George
Royal, Malcolm A.
Schenk, Erwin
DeWitt—
Waggoner, Mel
Dubuque—
Bray, Nicholas
Loizeaux, Charles E.
Early—
Anderson, George W.
Estherville—
Barber, Francis A.
Exira—
Jacobson, Robert A.
Forest City—
Arneson, Arthur I.
Hansen, Otto A.
Gladbrook—
McDowell, Gilbert T.
Harlan—
Vanatta, Clarence F.
Hawarden—
Palmer, Clarence E.

Independence—
Woodruff, Caroline
Iowa City—
Bywater, William L.
Cogswell, John W.
Hazard, Theodore L.
Rohrbacher, Wm. M.
Titzell, Frank C.
Wenzlick, George
Lake City—
Kauffman, Frank E.
Liscomb—
Marble, Pearl L.
Madrid—
Brown, Ernest C.
Marion—
Hindman, David R.
Marshalltown—
Battin, James F.
Mt. Pleasant—
Cavenee, Ebert L.
Muscatine—
Clapp, Arch B.
New Providence—
Felt, Garnard S.
Northwood—
Yoder, Roydon B.
Pulaski—
Power, Claude A.
Red Oak—
Thompson, Lester O.
Riceville—
Lee, Frank W.
Rock Valley—
Lock, Arthur L.
Sanborn—
Horton, Frank W.
Sheldon—
Page, Clarence V.
Sigourney—
Strawbridge, F. A.
Sioux City—
Hanchette, John L.
Hanchette, Wm. H.
Hermann, John
Hoskins, Samuel B.
Kilborne, Jay M.
Spreng, Theo. F. H.
Staads, Soeren W.
Sioux Rapids—
Pond, Issi O.
Spring Hill—
Stoaks, Frank E.
Storm Lake—
Graves, Rex V.
Swallum, James A.
Strawberry Point—
Howard, F. H.
Sutherland—
Nichols, Frank L.

MARYLAND

Tama—
Woods, Herbert C.
Toledo—
Fee, Knight E.
Washington—
Anderson, Wm. E.
Waukon—
Morehouse, Cecil G.
Webster City—
Homan, Ralph W.
Richardson, E. E.
West Liberty—
Royal, Lester A.
Whittier—
Ross, Alice I.
Winterset—
Richards, Frank O.

KANSAS

Ada—
Boyer, Ulysses S.
Atchison—
Baudry, George
Johnson, Geo. H. T.
Belle Plaine—
Baker, Rinaldo E.
Caney—
Aldrich, Harry L.
Canton—
Hedinger, Charles
Concordia—
Grigsby, Anna C.
Raines, Taylor E.
Dunlap—
Yearout, Christian A.
Emporia—
Higgins, Arthur F.
Eureka—
Johnson, Bertram
Fort Scott—
Van Velzer, Chas. A.
Garden City—
Blanke, Theodore F.
Humboldt—
Ross, George H.
Iola—
Garlinghouse, O. L.
Junction City—
Spencer, Mabel
Kansas City—
Coburn, Clay E.
Gates, William J.
Kingman—
Light, Jacob W.
Lawrence—
Bailey, Prof. E. H. S.
Gardner, Henry S.
Lincoln—
Cole, Sarah A.

McPherson—
Quantius, Leland F.
Newton—
Cochran, Sophia L.
Osborne—
Parker, Victor R.
Otis—
Nothdurft, Daniel H.
Parsons—
Boardman, Edgar W.
Smith, Albert
Pittsburg—
Agnew, Theodore M.
Canfield, Corresta T.
Pretty Prairie—
Springer, Ralph W.
Roxbury—
Bremen, Murrice N.
Sterling—
Bentley, Herbert M.
Topeka—
Lerrigo, Charles H.
Nicoll, David T.
Swift, Miriam A.
Victoria—
Anderson, Bert
Webber—
Gossard, Charles E.
Wichita—
Adams, James H.
Baker, Elven O.

KENTUCKY.

Carlisle—
Dills, Malcolm.
Covington—
Kerkow, Paul E.
Dayton—
Struble, Charles H.
Frankfort—
Fisk, Carlos A.
Kehoe, Henry C.
Georgetown—
Snow, William S.
Thomasson, John C.
Lexington—
Juett, Fred L.
Smith, Orrin L.
Louisville—
Askenstedt, Fritz C.
Badertscher, Gottfried
Coon, George S.
Hollinshead, Theo. H.
Hopkins, Mary E.
Underwood, Benj. F.
Maysville—
Smoot, Peter G.
Newport—
Fischbach, Fred'k W.
Fischbach, H. P.

Richmond—
Smoot, Charles E.
Vine Grove—
Miller, Otis F.
Wallonia—
Haydon, William C.

LOUISIANA

Jennings—
Terry, Cliff E.
New Orleans—
Aiken, John G.
Mayer, Charles R.

MAINE

Auburn—
Renwick, Ward J.
Augusta—
Hill, W. Scott.
Bangor—
Fellows, William E.
Bath—
Morin, Harry F.
Belfast—
Flanders, David P.
Biddeford—
O'Sullivan, Timothy J.
Struthers, Arthur A.
Trull, J. Frank
Brewer—
Newton, Carrie E.
Bridgton—
Abbott, Edward S.
Farmington—
Cushman, Mary F.
Lyford, Franklin O.
Gardiner—
Heath, Gertrude E.
Oakland—
Holmes, Manuel S.
Portland—
Brown, Luther A.
Ferguson, Franklin A.
Palmer, John T.
Saco—
Graves, Stockbridge P.
Stonington—
Thurlow, Ralph M.

MARYLAND.

Baltimore—
Duvall, Oliver N.
Fair, M. Alvah
Janney, O. Edward
Jones, Harry G.
Morgan, William L.
Parkhurst, Alice S.
Price, Eldridge C.
Rumsey, Charles L.

MARYLAND

Shamer, Maurice E.
Shearer, Thomas
Shearer, Thomas L.
Shorb, Martin W.
Shower, George T.
Stansbury, Henry H.
Stevenson, Harry M.

Catonsville—

Smith, Julia Holmes

Chesapeake City—

Wilsey, Edward H.

Chestertown—

Simmons, Harry B.

Forest Glen—

Wright, George H.

Hagerstown—

Hoffmeier, Frank N.
Stauffer, Alvin P.

MASSACHUSETTS.**Allston—**

Folger, George A.

Andover—

Clark, Henry L.
Lane, Elwin D.
Scott, Cyrus W.

Arlington Heights—

Ring, Arthur H.

Athol—

Edgar, William L.
Forbes, Charles H.

Attleboro—

Richardson, Edw. B.
Stone, W. H.

Boston—

Appleton, Lucy
Barnes, William E.
Bassett, Alice H.
Batchelder, Fred'k P.
Belding, David L.
Bellows, Howard P.
Blodgett, Stephen H.
Boger, Mattibelle
Bose, Prafulla K.
Briggs, J. Emmons
Cahill, Eliza B.
Calderwood, Sam'l H.
Carvill, Alphonso H.
Chandler, Thomas E.
Clapp, Herbert C.
Clapp, James W.
Clark, Cecil W.
Coffin, John L.
Colburn, Fred'k W.
Coon, Marion
Corr, Francis X.
Crane, Clarence
Cummings, M. Louisa
Davis, Frederick A.

Drake, Olin M.
Earl, George H.
Emerson, Fred'k L.
Emerson, Nathan'l W.
Fick, Herman A.
Garrick, Nathan H.
Gary, Clara E.
Goldman, Maxwell
Golub, Jacob J.
Graves, Walter J.
Halsey, Frederick W.
Ham, William A.
Houghton, Henry L.
Howard, Alonzo G.
Howard, Charles T.
Hunt, L. Judson
Jones, Everett
Kirk, Lucy A.
Klein, August A.
Krauss, James
Lee, Wesley T.
MacCarthy, Francis
Mason, Gilbert M.
Morris, Frances M.
Mosher, Mary E.
Nowell, Howard W.
Packard, Horace
Paul, Willard A.
Payne, John H.
Pearson, Mary M.
Reed, Grace D.
Rice, George B.
Richardson, Frank C.
Roberts, Frank E.
Salvin, Louis W.
Shadman, Alonzo J.
Sherman, James T.
Sherman, John H.
Simmons, Clara C.
Smith, Edwin W.
Southwick, George R.
Strong, Thomas M.
Suffa, George A.
Sutherland, John P.
Ulrich, Helmuth
Watters, William H.
Wells, David W.
Wesselhoeft, Conrad
Wesselhoeft, Wm. F.
Whitehead, Boldy L.
Wilcox, DeWitt G.
Windsor, Sarah S.
Wood, Lillian N.

Brighton—

Clement, Samuel A.

Brimfield—

Hamlin, Frederick W.

Brockton—

Goodwin, Edward E.

Brookline—

Belyea, Florence R.
Harvey, Clifford D.
Houghton, N. H.
Mellon, Ralph R.
Moore, J. Herbert
Parris, Roland O.
Percy, Frederick B.
Turner, Maurice W.

Cambridge—

Chase, Herbert A.
Harvey, Walter E.
Perry, Lillian G.
Rockwell, John A., Jr.
Wesselhoeft, Walter

Charlestown—

Allen, Edward E.
Wood, Nelson M.

Chelsea—

Green, Thomas W.

Chicopee—

Fletcher, Samuel E.

Cohasset—

Spaulding, Marion E.

Danvers—

Valentine, John F.

Dedham—

Batchelder, Hollis G.
Ebbs, Bertha E.

Dorchester—

Fuller, Walter T.
Hornby-Frost, Mary S.
Perkins, Nathaniel R.
Sears, Frederick M.

East Boston—

Carlson, Augusta N.

East Weymouth—

Chase, Joseph, Jr.

Fall River—

Babcock, Daniel A.
Hill, Lucy C.
Padelford, F. Mason

Fitchburg—

Bennett, William H.
Bingham, Russell
Perkins, Archie E.

Framingham—

Keith, Ellen L.
Patch, Frank W.

Gardner—

Colby, Edwin A.

Gloucester—

Conant, Thomas
Whitaker, Harper E.

Great Barrington—

Lane, Orville W.

Greenwich—

Sawtelle, Benjamin A.

MASSACHUSETTS

- Haverhill—**
Jewett, Howard C.
Macedougall, Duncan
- Hingham—**
Spalding, Samuel H.
- Holyoke—**
Sackett, Henry R.
- Hudson—**
Glazier, Frederick P.
- Hyde Park—**
Hall, Lucy B.
- Jamaica Plain—**
Sohn, Boris J.
- Lawrence—**
Adamian, Hovsep G.
Farley, William C.
- Lexington—**
Piper, Frederick S.
- Lowell—**
Jewett, Howard W.
Leland, Clarence H.
Martin, G. Forrest
Rodger, James Y.
Van Deursen, Geo. L.
- Lynn—**
Balcom, John A.
Carr, George B.
Haywood, George W.
Hopkins, William T.
- Malden—**
Burpee, Carroll C.
Castle, Catherine W.
Hodgdon, Frank A.
Jones, Frank L.
Manitoff, Anna R.
Watts, Harry A.
Whiting, Walter B.
- Mablehead—**
Streeter, Howard A.
- Mattapan—**
Palmer, Anna C.
- Melrose Highlands—**
Townsend, Willis M.
- Merrimac—**
Worcester, George F.
- Middleboro—**
Cummings, Charles S.
- Nantucket—**
Austin, Charles G. S.
Coleman, E. B.
Walker, Frank C.
- Natick—**
Bartlett, Clyde
Miller, Edward A.
- New Bedford—**
Burt, Clarence E.
Hunt, Charles R.
- Mathewson, Frank W.
Sisson, Edward R.
Walker, Robert I.
- Newburyport—**
Dauphin, Henry F.
Hall, Charles F. A.
Johnson, Charles F.
Worcester, George W.
- Newton—**
Swain, Mary L.
- Newton Center—**
May, George E.
- Newton Highlands—**
Eaton, Samuel L.
Wentworth, Caroline
- Newtonville—**
Fried, Anton R.
Talbot, George H.
- Northampton—**
Copeland, Elmer H.
Shepard, Marian
Stevens, Grace
- North Cambridge—**
Hartley, R. Agnes
- Orange—**
Alexander, Kirke L.
- Palmer—**
Cheney, Harry C.
- Plymouth—**
Pierce, Helen F.
Shaw, John J.
- Quincy—**
Diehl, Harold E.
Lee, Edwin D.
- Rockport—**
Emery, Robert L.
- Roxbury—**
Calderwood, Edw. S.
Colmes, Abraham
- Salem—**
Percy, George E.
- Somerville—**
Chase, Daniel E.
Cole, Anna B. T.
Forbush, Albert W.
Leavitt, Mary A.
Newton, Frank L.
Woods, Mary B. C.
- Southbridge—**
Edwards, Franklin W.
- Springfield—**
Brown, Plumb
Carmichael, John H.
Comins, James B.
Conrow, Matthias W.
Dillenback, Emil U.
Hovey, Robert F.
- Parsons, Clarice J.
Roberts, Oscar W.
Smith, Erdix T., Jr.
Sweet, Clara M.
- Taunton—**
Dwinnell, Byron L.
Hunt, John A.
- Vineyard Haven—**
Lane, Charles F.
- Wakefield—**
Montague, Charles E.
- Walpole—**
Diemar, Lena H.
- Waltham—**
Emery, Winfred N.
- Waquolt—**
Ostrom, Homer I.
- Ware—**
Spencer, George F. A.
- Wareham—**
Gleason, Charles S.
Keith, Laurence F.
- Wellesley—**
Weston, Isabel G.
Wiswall, Edward H.
- Wellfleet—**
Hopkins, Ralph H.
- West Newton—**
Paine, N. Emmons
Walker, Waldo W.
- Westboro—**
Ballou, Harry B.
Fay, Emma H.
Spalding, Harry O.
- Westport—**
Tupper, John D.
- Winchester—**
Church, Adaline B.
Maynard, Herbert E.
Moore, Fredrika
- Winthrop—**
Brownell, Gladys H.
- Wollaston—**
Gooding, E. Jeanette
Johnson, Elmon R.
- Worcester—**
Allen, Lamson
Bray, Amanda C.
Cross, Albert E.
Jones, Elbert A.
Leib, Edwin R.
Nichols, Charles L.
Rand, John P.
Rockwell, Alfred E. P.
Warren, John K.
Wetherbee-Rockwell,
Lucy E.
Willis, John E.

MICHIGAN.

- Adrian—**
Hewes, Ara B.
Lards, Charles H.
- Albion—**
Grant, Albert B.
Serio, Philip P.
- Alma—**
Thornburgh, Frank C.
- Ann Arbor—**
Ball, Joseph H.
Beebe, Hugh M.
Darling, Milton A.
Dewey, Willis A.
Hinsdale, Wilbert B.
Ideson, Robert S.
Jackson, James D.
Kinyon, Claudius B.
MacMullen, Frank B.
Myers, Dean W.
Naylor, George I.
Partridge, Barton S.
Pillsbury, Curtis D.
Sage, Harry M.
Stouffer, Clyde B.
- Bangor—**
Kirby, Emily S. F.
- Benton Harbor—**
Burrell, Henry J.
- Buchanan—**
Peck, Lester E.
- Caro—**
Chase, Sherman F.
- Charlotte—**
Allen, Sara J.
- Chesaning—**
Perry, William H.
- Coldwater—**
Gamble, Ernest F.
- Detroit—**
Anderson, Bruce
Bailey, William M.
Barnes, Van D.
Bentley, Neil I.
Bevington, Harry G.
Burton, Clarence H.
Caron, George G.
Coolidge, Maria B.
Crumrine, Charles G.
de Blois, Rhoda F.
Diebel, William H.
Drake, Harlow B.
Goodlove, Paul C.
Griffin, Judson M.
Hodge, James B.
Hoff, Edwin C.
Jend, William J.
Kelly, Frank A.
Kendall, Edward J.
- Knight, Stephen H.
Koessler, George L.
Le Seur, Oscar
MacLachlan, Daniel A.
Merrell, William O.
Morris, Isaiah S.
Murray, James I.
Orleman, E. Louise
Patterson, Walter G.
Pickard, Orlando W.
Reed, Fred R.
Richards, R. Milton
Rogers, William H.
Spranger, Michael J.
Stevens, Rollin H.
Thompson, Fred E.
Wendt, Leonard F. C.
- Dowagiac—**
Dundee, Hugh R.
Herkimer, George R.
- Flint—**
Chandler, Melvin E.
Shank, John R.
- Grand Haven—**
Reynolds, John N.
- Grand Rapids—**
Beeman, Corda E.
Brigham, Homer C.
Hagerman, David B.
Norris, Maria W.
Sinclair, Malcolm C.
Smith, Ansel B.
Towsley, Glenn G.
Wetmore, Iantha J.
- Ionia—**
Brucker, Karl B.
Defendorf, John J.
Winchell, George P.
- Jackson—**
Clarke, Corwin S.
Smith, John C.
- Kalamazoo—**
Balyeat, Edmund A.
Fowler, Walter N.
Gillette, Clarence
Henwood, Albert E.
- Lansing—**
Lown, Harold L.
Murphy, Chester H.
Wilson, Harry A.
- Lowell—**
Huntley, Welli'gt'n B.
- Manistee—**
MacMullen, Harlen
West, Emmajane
- Marine City—**
Armsbury, Aaron B.
- Monroe—**
Dawe, Denias
- Mount Clemens—**
Lenfestey, John A.
- Muskegon—**
Durham, Clarence J.
Le Fevre, George L.
- Niles—**
Giddings, Burton D.
Ullrey, Arthur O.
- Ortonville—**
Guile, Earle B.
- Parma—**
Blakeslee, Merton O.
- Petersburg—**
Smith, Will A.
- Petoskey—**
Ramsdell, Oscar L.
- Plainwell—**
Sherman, Nancy B.
- Portland—**
Allen, George D.
- Saginaw—**
Cowell, Joseph H.
Hutchison, John W.
Kinsman, Enos C.
Knott, Harriet A.
- Smyrna—**
Spinney, Andrew B.
- Sparta—**Greiner, Karl
- Spring Lake—**
Mulder, Cornelius D.
- St. Joseph—**
Yeomans, Theron G.
- Trenton—**
Kinyon, Howard B.
- Whitmore Lake—**
Alway, Guy
- Ypsilanti—**
Westfall, Floyd E.

MINNESOTA.

- Aitkin—**
Leonard, Henry C.
- Chaska—**
Diessner, Henry D.
- Chatfield—**
Cooper, Charles M.
- Crookston—**
Just, August A.
- Duluth—**
Bowman, Frederick C.
- Euclid—**
Beardsley, Frank A.
- Fergus Falls—**
Cole, Alvinza B.
Hulbert, John R.
Johnson, Cora M.
Meng, William L.
Welch, George O.

NEBRASKA

Good Thunder—
Schlesselman, John T.

Howard Lake—
Moffat, Albert G.

Hugo—
del Mas, Raymond

Lake Wilson—
Balcom, George G.

Minneapolis—
Aldrich, Henry C.
Booth, Albert E.
Fisher, Anna M.
Hamlin, George B.
Higbee, Albert E.
Horning, David W.
Hurd, Annah
Koch, Margaret
Leonard, William E.
Locke, David A.
Matchan, Glenn R.
Newkirk, Harris D.
Richardson, Florence
Roberts, William B.
Roby, George F.

Moorhead—
Sturges, Gertrude E.

Mound—Wilkins, J. P.

Owatonna—
Roberts, William C.

Pipestone—
Lowe, Thomas

Slayton—
Williams, Leon A.

St. Paul—
Ahrens, Albert E.
Beals, Hugh
Cobb, Sheridan G.
Goodrich, Asa F.
Hubbell, Eugene
Lutkin, Harry M.
Mann, Eugene L.
Ogden, Benjamin H.
Skinner, Harvey O.
Spates, Finley C.
Stinnette, S. E.

Wilmont—
Williams, Arthur B.

Winona—
Wilbertson, Lawrence

MISSISSIPPI.

Laurel—
Clarke, Charles P.

MISSOURI.

Appleton—
Schoen, William A.
Bowling Green—
Wilcoxon, T. Hurley

Cape Girardeau—
Rolston, William T.

Carthage—
Burch, Edward J.

Clinton—
Netherton, Fred'k F.

Excelsior Springs—
Henry, James R.
Henry, Samuel D.

Frohna—
Palisch, G. A.

Fulton—
Reily, Walter E.

Gordonville—
Schoen, Ernest R.

Hamilton—
Johnson, Neill D.

Hannibal—
Waldo, Elmer E.

Independence—
Luff, Joseph
Mather, Joseph

Jackson—
Brase, Ferdinand

Kansas City—
Allen, Charles E.
Clark, Harold B.
Cline, Alice B.
Cline, Permelia A.
Cramer, William E.
Foster, William D.
Gammage, Thomas R.
Hall, William G.
Hudson, Thomas H.
Koesterling, Herman
Patterson, Joseph M.
Peet, Putnam F.
Putman, Carolyn E.
Runnels, Moses T.
Starcke, Andrew H.
Thielmann, Emil
Thym, Herman H.
Wise, Julius C.
Young, Herbert E.

Kirkwood—
Dionysius, Henry J.

Lexington—
Payne, Bryan T.

Marshall—
Putnam, Arthur C.

Mexico—
Winans, Theodore H.

Mount Washington—
Colt, Emily S.

Sarcoxie—
Boyd, James J.

Springfield—
Gifford, Anson H.

St. Joseph—
Westover, Henry W.

St. Louis—
Armet, Leon T.
Beebe, Emma A.
Bunte, Louis E.
Campbell, James A.
Coffman, George W.
Eyermaun, Chris H.
Eyermaun, Ruby P.
Gibson, David M.
Gilbert, William W.
Goodman, Charles H.
Grundmann, F. Wm.
Gundelach, William J.
Hahn, Anna M. A.
Harris, W. John
Hill, Alice L.
Kern, Sophia L.
Kershaw, J. Martine
McElwee, L. Claude
Mellies, Charles
Mellies, George A.
Ottofy, Ladislaus M.
Parsons, Scott
Schott, Augustus H.
Schuricht, Gustav S.
Uhlemeyer, Henry A.
Walo, Theresa J.
Young, Willis B.

Stony Hill—
Engelbrecht, John

Warrensburg —
Gilkeson, Hugh P.

MONTANA

Collins—
Peyton, Dora W.

Columbus—
Gardner, Charles A.

Elgin—
Sandy, Benjamin B.

Helena—
Thompson, Chas. S.

Lindsay—
Blackstone, Bigelow

NEBRASKA

Alda—
Pitts, Sollis O.

Alliance—
Hand, George J.

Brayton—
Thorpe, Agnes C.

Fairbury—
Clarke, Harvey L.

NEBRASKA

Fairmont—
Ashby, A. A.
Fremont—
Leake, Endell N.
Lincoln—
Bailey, Benjamin F.
Brown, Laura J.
Carr, E. Arthur
Finney, Everett B.
Rosat, Lina M.
Royal, Paul A.
Shoemaker, Chas. A.
Monowi—
Vaughn, Frank W.
North Loup—
Hemphill, W. J.
North Platte—
Twinem, John S.
Omaha—
Clark, Martha E.
Davis, Delmer L.
Foote, Dellizon A.
Hovey, Hugh
Jacobi, Stella E. C.
Mattson, Alfred S.
Wood, Orlando S.
Ord—
Billings, Robert A.
Haskell, Cosa D.
Shepard, Charles C.
Osceola—
McChesney, Josephine
Ponca—
Young, Glyndon A.
Wymore—
Winter, Frederick W.

NEW HAMPSHIRE

Bristol—
Bishop, Channing
Concord—
Eveleth, Frederick S.
Dover—
Smith, George R.
Exeter—
Tuttle, Walter
Farmington—
Coates, Everett W.
Francestown—
Stevens, Edwin D.
Keene—
Davey, Harry E.
Laconia—
Wiley, Maurice G.
Wiley, Rebecca W.
Lakeport—
Wisley, John A.
Littleton—
Nobles, William C. E.

London—
Moore, Arnold W.
Manchester—
Mocas, Demetrius P.
Morse, Martin V. B.
Sturtevant, Chas. A.
Milford—
Hinds, William H. W.
Portsmouth—
Woodbury, Benj. C.
Rochester—
Sweet, Robert V.
Winchester—
Lobdell, Alban J.

NEW JERSEY

Arlington—
Doremus, Widner E.
Mead, Walter G.
Asbury Park—
Ackerman, James F.
Ackerman, Joseph
Bryan, Joseph H.
Rowland, William D.
Upham, Ella P.
Atlantic City—
Baily, Alfred W.
Balliett, Lorenzo D.
Crosby, George W.
Gardiner, William G.
Lyon, Melvern S.
Munson, Milton L.
Sheen, Rodman E.
Silvers, Homer I.
Sooy, Walter C.
Stickney, Otis D.
Westney, Alfred W.
Youngman, Maurice
Youngman, Thomas

Atlantic Highlands—
Fay, George D.
Audubon—
Dean, Horace B.
Belleville—
Cyphers, Edward O.
Belvidere—
Lefferts, Franklin P.
Bound Brook—
Davis, Edwin T.
Bridgeton—
Streets, Jacob G.
Camden—
Artz, Jerome L.
Barrett, Wesley J.
Garrison, Howard C.
Grumbrecht, Oscar L.
Hadley, Charles F.
Howard, Erving M.
Maldeis, Albertos M.

McGeorge, Wallace
Moore, Frank F.
Shemeley, Wm. G. Jr.
Collingswood—
Sheldon, Edward S.
East Orange—
Arcularius, Philip E.
Bunn, Frank C.
Groves, Charles A.
Thompson, Arthur F.
Englewood—
Best, George B.
Huizenga, Lee S.
Flemington—
Fuhrmann, Barclay S.
Hackensack—
Adams, Charles F.
Harris, Nelson A.
Haddon Heights—
Tyler, Everett A.
Haddonfield—
Clement, Edgar
Hammonton—
Bitler, Joseph C.
Esposito, Antonio
Hoboken—
Atwell, David R.
Brokhaus, Maria H.
Nichols, George L.
Hopewell—
Miller, Robert P.
Irvington—
Bruce, Ida N.
Wilkes, Arthur C.
Jersey City—
Arthur, Daniel H.
Bowen, Horace
Fletcher, Zachary P.
Klein, A. Katharine
Lemmerz, Theo. H.
Opdyke, Levings A.
Madison—
Bingham, Harry V.
Matawan—
Straughn, Clinton C.
Montclair—
Foster, Herbert W.
Krichbaum, Philip E.
Young, John H.
Moorestown—
Thorne, Nathan
Morristown—
Connett, George C.
Newark—
Janifer, Clarence S.
Sleght, Bevier H. B.
Twitchell, Adelbert
Wintsch, Carl H.

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Applegate, Grover T.

Ocean City—
Corson, Allen

Ocean Grove—
Dorr, Henry B.

Orange—
Dennis, Laban
Moffat, Edgar V.
Rogers, Harry
Seward, John L.
Wakeley, William A.

Palmyra—
Voorhis, Charles F.

Passaic—
Butterfield, Arey A.
Church, Charles H.
Datesman, Hiram F.
Maps, Howard L.
Reynolds, Harry C.
Scheel, Sophie B.
Schollenberger, Louis

Paterson—
Carr, Ada
Cummins, Mary G.
Ekings, Frank P.
Kinne, Porter S.
Willard, Harry S.

Perth Amboy—
Cottrell, Judson G.

Phillipsburg—
Trimmer, Leila V.

Pitman—
Carr, Henry H.
Slaughter, Louis N.

Pittstown—
Lanning, Willet S.

Plainfield—
Cornwell, Frank W.
Davis, Thomas S.
Rushmore, Edward

Princeton—
Drury, Alfred

Red Bank—
Garrison, Biddle H.

Ridgewood—
Ockford, George M.
Pettit, Harry H.

Riverton—
Mills, Charles S.

Rutherford—
Cottrell, Willard
Cropsey, Charles D.

Salem—
Hilliard, William T.

Spring Lake—
Leighton, Robert L.
Prout, Charles D.

Summit—
Moister, Roger W.
Royal, T. Cook

Swedesboro—
Grimshaw, Oliver

Trenton—
Allen, Enos B.
Atkinson, Alvan W.
Baldauf, Herman
Belting, Arthur W.
Collins, Paul A.
Cornell, Van Alstyne
Fell, Alton S.
Friedmann, Leonard
Ivins, Howard
McCullough, John H.
Rogers, William T.
Witte, Eugene B.

Washington—
McKinstry, Frank P.

Woodbury—
Campbell, Duncan
Palen, Gilbert J.

Woodstown—
Thomas, Claude W.

NEW MEXICO

Raton—
Connett, William S.

Roswell—
Keaster, Joseph B.

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Cox, Edward G.
Cox, Frederick J.
Dowling, Joseph I.
Gorham, George E.
Kinne, Brayton E.
Milbank, William E.
Nead, Will M.
Van Loon, Arthur B.
Worth, Archibald C.

Albion—
Wage, Arnold E.

Arcade—
Shedd, Bert D.

Attica—
Gifford, Willis B.

Babylon, L. I.—
Higbie, Annie S.

Batavia—
Hutchins, Horace S.
LeSeur, John W.

Belmont—
Hardy, William J.

Binghamton—
Jenkins, George H.
Martin, Lynn A.
Snyder, Edward E.

Brewster—
Richie, E. Roberts

Brooklyn —
Allen, Herbert C.
Baker, Jennie V. H.
Baylies, Bradford L.
Bedford, Edwin R.
Bierbauer, Bruno W.
Blackman, Wm. W.
Bornmann, Alfred
Brant, Cornelia C.
Butler, William M.
Chapin, Edward
Close, Stuart,
Cort, Lottie A.
Daviddow, Thancy J.
Duckworth, Roy D.
Fiske, Edwin R.
Geis, Joseph A.
Given, James B.
Hale, Harriet W.
Harned, Sophia P.
Hobby, Ada T.
Iler, George H.
Johnston, Charles L.
Johnston, Hans H.
Johnston, Reuben T.
Keep, J. Lester
Lazarus, George F.
Lines, Mary L.
Lloyd, Ralph I.
Lucia, William A.
Lutze, Frederick H.
McDonald, William O.
Minton, Henry B.
Monmonier, Julius L.
Muncie, Elizabeth H.
Ogden, George S.
Paine, Charles E.
Pallister, Stanley W.
Pardee, M. Clifford
Peckham, Harriet C.
Pierson, William H.
Potter, Mary E.
Price, William H.
Rankin, John F.
Richardson, Bradbury
Rink, Walter S.
Ritch, Orlando S.
Robinson, Nathaniel
Rose, Henry W.
Rosenthal, Joseph D.
Sanders, Harold A.
Schenck, Herbert D.
Scott, William H.
Simon, Samuel H.
Sisson, Mabel C.
Turton, M. Louise
Upham, Roy
Walmsley, Robert F.

NEW YORK

- Warner, Alton G.
Wiggins, Theodore C.
Winchell, Walter B.
Wright, Justus G.
- Buffalo**—
Baines, Wilfred H.
Beals, Herbert
Carpenter, Arch. D.
Critchlow, George R.
Erb, Peter
Hadley, Rollin V.
Hepburn, Donald S.
Jewett, Stephen P.
Lewis, Frederick D.
Lewis, F. Park
Marcy, William H.
Moseley, George T.
Schley, R. Montfort
Seaman, Clayton W.
Sherman, Emma S.
Stumpf, Daniel B.
Stumpf, Elmer H.
- Carthage**—
Robinson, F. E.
- Chatham**—
Clark, Mary E.
- Chittenango**—
Deuel, Jacob B.
- Clyde**—
Thorpe, Jarvis L.
- Cohoes**—
Kenney, Harriet E.
White, Clarence H.
- Collins**—
Champlin, Paul M.
Gray, Earle V.
Potter, Clarence A.
Schenkelberger, Fred.
Schneider, Carl V.
Vessie, Percy R.
- Corfu**—
Phillips, Edward J.
- Cortland**—
Nash, Eugene B.
Spalding, Julia H.
- Delhi**—
Schumann, Carl
- Dobbs Ferry**—
Beattie, Joseph H.
- Dunkirk**—
Rieger, Joseph
Vosburg, Walter H.
- East Aurora**—
Barber, Emilie H. J.
- East Rochester**—
Partridge, Raymond
- Elmira**—
Adriance, Frank W.
Eddy, Ermina C.
Piper, Stewart S.
- Flatbush**—
Comstock, Albert
- Flushing**—
Brennan, Francis E.
Carleton, Spencer
Shepherd, Lucy M.
- Franklinton**—
Horsman, Philip
- Fredonia**—
Couch, Asa S.
Dods, Abraham W.
Prish, William J.
- Geneseo**—
Newton, Charles I.
- Geneva**—
Hopkins, William W.
- Glen Cove**—
Titus, Emily N.
- Glens Falls**—
Smith, Melvin D.
- Gloversville**—
Beach, Estelle C.
Garnsey, William S.
- Goshen**—
Seward, Fred. W.
Seward, Fred. W., Jr.
- Gowanda**—
Zwetsch, John D.
- Hamilton**—
Williamson, Raymond
- Hoosick Falls**—
Putnam, William B.
- Hornell**—
Robbins, Frederick C.
- Ithaca**—
Besemer, Howard B.
Besemer, Martin
Crum, Harry H.
Merriam, Henry E.
Moffat, John L.
- Jamaica**—
Macfarland, Ralph R.
- Jamestown**—
Ormes, Francis D.
- Larchmont**—
Foote, Mary E. B.
- Liverpool**—
Richards, Llewellyn
- Lockport**—
Hurd, S. Wright
Weaver, Willis P.
- Long Island City**—
Kraus, Louis H.
- Mamaroneck**—
Hall, Matthew J.
Terry, Marshall O.
- Medina**—
Swett, Emily F.
- Middletown**—
Ashley, Maurice C.
Moore, Arthur S.
Schmitz, Walter A.
Woodman, Robert C.
- Mount Vernon**—
Boynton, L. R.
Emmel, Alfred C.
Hardy, Arthur H.
Ives, Nathaniel H.
Oppermann, Geo. M.
- Mountain Dale**—
Weingrad, Solomon
- New Berlin**—
Tuttle, Ella M.
- New Rochelle**—
Barker, Caleb, Jr.
Finch, Edwin W.
Kellogg, Fannie H.
Roberts, David J.
- New York City**—
Allen, J. Wilford
Allen, Paul
Arschagouni, John
Austin, Alonzo E.
Ayers, Horace E.
Bagg, Clinton L.
Benson, Reuel A.
Berghaus, Alexander
Bernecker, Edw. M.
Bingham, Anson H.
Bishop, William H.
Bissell, Arthur F.
Bowman, Stuart H.
Boyle, Charles C.
Bradner, John C.
Brodhead, William F.
Brooke, John A.
Brown, Chester R.
Buchanan, Drysdale
Buckholz, Louise Z.
Burt, James E.
Carleton, Sprague
Charles, Emily C.
Chase, J. Oscoe
Clark, Bert B.
Clark, Byron G.
Cocheu, Lindsley F.
Cohen, Mark
Cole, Harlan P.
Cole, Hills
Coleman, Daniel E. S.
Conrad, Arthur C.
Copeland, Royal S.
Crump, Walter G.
Danforth, Loomis L.
Davis, John E. L.
Dearborn, Fred'k M.
Dieffenbach, Wm. H.
Dillingham, Thos. M.

NEW YORK

- Dominick, George C.
 Duncan, Charles H.
 Dunlevy, Rita
 Fama, Charles
 Finch, Edward L.
 Flyer, Irving
 Fobes, Joseph H.
 Foster, Harold A.
 Fraenkel, Joseph
 Franklin, Edward D.
 Freedman, Samuel
 French, Harold M.
 Gaines, John S.
 Garrison, John B.
 Gennerich, Charles
 Gillingham, Horace P.
 Ginnever, Arthur
 Gramley, William
 Hallett, G. DeWayne
 Harnisch, Louis W.
 Hassler, J. Wyllis
 Hathaway, Henry S.
 Helfrich, Charles H.
 Helmuth, Wm. Tod
 Hetrick, Llewellyn E.
 Hill, David B.
 Hill, Emily L.
 Hitchcock, Freeman
 Hoegen, Jos. A., Jr.
 Hollister, Fred. K.
 Honan, William F.
 House, Wallace B.
 Howard, Clarence C.
 Hutchinson, John
 Jarrett, Elizabeth
 Jones, Mary D.
 Jones, Robert M.
 Kahrs, Grace M.
 Katz, Benj. S.
 Kaufman, Louis R.
 Kellogg, Edwin W.
 King, William H.
 Laidlaw, George F.
 Lanchner, Samuel
 Launer, Louis
 Leao, Francisco G. P.
 Lewis, Henry M.
 Loizeaux, Leon S.
 Lund, Frederick A.
 Lyding, Henry W.
 MacAdam, Edw. W.
 Mack, Gertrude G.
 Maeder, John G.
 Maeder, John S.
 Mattison, Norman D.
 McDermott, J. J.
 McDowell, Charles
 McDowell, George W.
 McKnight, William C.
 McLean, William
 McMichael, Arkell R.
 McMichael, Jacob E.
 Mencher, Simon
 Miller, Charles H.
 Miller, James D.
 Miner, Frederick C.
 Miraglia, Francesco
 Moore, Samuel B.
 Muller, Charles W.
 Munson, Edwin S.
 Murphy, Alice Z. P.
 Norman, Lee
 Norton, Arthur B.
 Page, Harlan
 Pardee, Ensign B.
 Patchen, George H.
 Perkins, C. Winfield
 Phelps, Haskell S.
 Powel, Milton
 Powell, Leo M.
 Rabe, Rudolph F.
 Rankin, Egbert G.
 Raynor, George F.
 Reich, Solomon
 Richardson, Andrew
 Richardson, Geo. W.
 Roberts, George W.
 Rudderow, Edward D.
 Russell, H. Everett
 Sackin, David
 Schley, James M.
 Seward, John P.
 Shander, Michael
 Sheldon, B. Burt
 Shepard, George A.
 Sherman, LeRoy B.
 Siegal, Lewis
 Silberman, Morris K.
 Simonson, Jeremiah
 Smith, Ferdinand M.
 Smith, Frank E.
 Smith, St. Clair
 Smith, Thos. Franklin
 Stanton, Lawrence
 Stearns, Guy B.
 Stewart, George T.
 Stewart, Ralph A.
 Storer, John H.
 Swift, Edward P.
 Taylor, Charles G.
 Teets, Charles E.
 Thomas, Philip C.
 Thompson, Mrs. E.
 Thompson, John H.
 Thompson, Nelson W.
 Thompson, Virgil
 Townsend, Irving
 Turner, Reeve
 Turtz, Charles A.
 Tuttle, Edward G.
 Tytler, James E.
 Van den Burg, Wm.
 VanderBogart, Harry
 Van Zandt, Wm. M.
 Vehslage, Samuel H.
 Ver Nooy, Charles
 Von Bonnewitz, O. R.
 Webster, Carlos G.
 Weil, Henry L.
 Whitney, George W.
 Wilcox, Sydney F.
 Williams, Calvin E.
 Wilson, John E.
 Wilson, Lafayette J.
Newburgh—
 Jacobson, Frank A.
Niagara Falls—
 Hodge, William H.
 Hough, Walter D.
Norwich—
 Roper, Frederick E.
Ogdensburg—
 Bell, Willard N.
Olean—
 Jepson, Mary B.
Ossining—
 Lane, Irvin J.
 Madden, Joel D.
Otego—
 Hunt, Dwight B.
Owego, Tioga Co.—
 Greenleaf, John T.
 Hyde, Louis D.
Oxford—
 Ganow, George J.
 Miller, Robert E.
Pawling—
 Birdsall, Thomas P.
Pelham—
 Simonson, Lawrence
Perrysburg—
 Hyde, Clarence L.
Plattsburgh—
 Farnsworth, Floyd S.
Port Chester—
 White, J. F.
Poughkeepsie—
 Lane, Charles E.
 Lane, George E.
 Otis, John C.
Randolph—
 Babcock, Arch. H.
Rochester—
 Adams, Reuben A.
 Barnard James S.
 Bidwell, Glen I.
 Bissell, Elmer J.
 Bradt, Elizabeth G.
 Browne, Judson F.
 Doane, William H.

NEW YORK

Graham, Corden T.
Haywood, Julia F.
Hoyt, Herbert W.
Keegan, William A.
Lee, John M.
Parsons, Thomas
Rambo, William S.
Ricker, Marcena S.
Rodgers, Frank A.
Schairer, Mildred L.
Schairer, William W.
Smith, Frederick R.
Sprague, Emory R.
Steinhauser, Chas. G.
Sumner, Charles R.
Wolcott, Edwin H.

Rome—

Scudder, Nelson C.

Salamanca—

Bourne, Philip H.

Salt Point—

Angel, Milton H.

Saranac Lake—

Hallock, J. Henry

Savannah—

Sweeting, William H.

Schenectady—

Faust, Louis

Seneca Falls—

Follet, William M.

Sherburne—

Little, William

Skaneateles—

Hall, Edwin P.

Steepleton—

Conklin, Frances C. D.

Syracuse—

Candee, James W.
Du Bois, Willard C.
Gannett, George J.
Henry, Lucas S.
Keeler, E. Elmer
Keese, John M.
Sherwood, Bradford
Wiley, Otis M.

Tarrytown—

Coles, Howard L.

Troy—

Green, Crawford R.

Upper Lisle—

Porter, Eugene H.

Utica—

Alliaume, Chas. E.
Dean, Louis W.
Gayde, Earle A.
Grant, Arthur A.
Haines, Charles T.
Johns, Miles W.

Warsaw—

Slaughter, James E.

Waterville—

Randall, Edward G.

White Plains—

Blrch, Charles E.
Demarest, John H.
Duckworth, Willard
Selleck, A. W.

Yonkers—

Beckwith, Sidney A.
Bennett, Carroll A.
Brown, McCarter
Holden, George P.
Jenks, Edwin B.
Keith, Horace G.
Kennedy, Verner
Phillips, R. Oliver
Quick, Audley V.
Trotter, James P.

NORTH DAKOTA

Fargo—

Dillon, Joseph G.
Vidal, James W.

Grand Forks—

Peake, F. Margaret

Jamestown—

DePuy, Richard G.
Peake, Francis

Rhame—

Eubank, J. Nelson

OHIO

Ada—

Ames, Charles S.

Akron—

Caufield, Edwin J.
Dixon, Charles A.
Dixon, William W.
Hilborn, Caroline L.
Lyon, Edwin S.
Wilson, William

Ashland—

Mohn, Daniel L.

Ashtabula—

Fleek, Bernice A.
Griggs, Oscar P.
Watson, Mabelle S.

Bellaire—

Kiser, William E.

Bellefontaine—

Wilson, Joseph H.

Bellevue—

Horn, Dora L.

Cambridge—

Wells, Henry L.

Canton—

Kelley, George A.
Peters, Chester M.

Chagrin Falls—

Cameron, George D.

Chicago Junction—

Ewing, Homer H.

Chillicothe—

Gibbs, Frank L.
Hoyt, L. Eugene

Cincinnati—

Buck, Jirah D.
Crank, Charles D.
Dunton, Allen H.
Eha, Charles E.
Geiser, Samuel R.
Geohegan, William A.
Hatfield, Walter H.
Hatfield, Walter S.
Hunt, Ella G.
Kasting, Robert W.
Kilgour, Peter T.
McCleary, Joseph R.
McCormick, A. Lee
Meade, Stephen J. D.
Minor, Mary E.
Pauly, Charles A.
Phillips, Lincoln
Pollock, Florence M.
Reed, Ralph W.
Reed, Robert G.
Smith, William H.
Stansbury, Frank R.
Stewart, Thos. M.
Walton, Charles E.
Wiggers, Henry H.
Wilms, J. H.

Circleville—

Peters, Wilson L.

Clark—

Van Hyning, Homer

Cleveland—

Adams, Ernest O.
Baxter, Harris H.
Biddinger, Aretas E.
Biggar, Hamilton F.
Bishop, Hudson D.
Brady, Adda H.
Bunker, Media A.
Butler, Alice
Canfield, Martha A.
Chandler, L. L.
Ciegotura, Anthony
Clendon, Clara K.
Combes, Melville L.
Danforth, Josephine
Doubrava, Joseph F.
Frost, Herbert L.
Heym, Rudolph Jr.
Hoover, Julia E.
Horner, J. Richey
Houser, Robert
Jend, Gustav A.

OHIO

- Jewitt, Edward H.
 Jones, Frank G., Jr.
 Kimmel, Benjamin B.
 Kittle, Richard
 Kuttler, Leonard W.
 La Rocco, Charles G.
 Lee, Frank C.
 Lytle, Joseph A.
 Meck, Gertrude K.
 Moore, Charles L.
 Neitz, Eugene P.
 Paterson, William
 Patton, Eliza H.
 Peake, Pauline H. B.
 Phillips, William H.
 Quay, George H.
 Quilliams, Fred. F.
 Rust, Carl H.
 Saddler, Jesse L.
 Salisbury, George J.
 Schimkola, May
 Schneider, Adolph B.
 Schneider, J. Homer
 Siemon, Lester E.
 Somers, Frank W.
 Staples, Henry F.
 Stephens, James A.
 Thomas, Charles B.
 Turrill, George E.
 Waltz, Claude D.
 Weiss, Frieda
 White, Mary H.
 Wilkins, George R.
 Wood, James C.
 Yamshon, Samuel
Collinwood—
 Patterson, Denver H.
Columbiana—
 Schwartz, Rollin M.
Columbus—
 Burrett, Claude A.
 Carpenter, Willard B.
 Ferree, Judson A.
 Fletcher, Sara E.
 Grosvenor, Fred B.
 Hinsdale, Albert E.
 Humphrey, Wm. A.
 Junkermann, Chas. F.
 Keiser, Jay G.
 Keiser, Romeo O.
 Schulze, Carl A.
 Silbernagle, Chas. E.
 Wolcott, R. C.
Columbus Grove—
 Sink, Harley H.
 Turner, Clarence A.
Conneaut—
 Cole, George H.
 Dewey, Carlyle W.
 Wright, Ernest S.
Corning—
 McNerney, N. H.
Cuyahoga Falls—
 Smith, Floyd D.
Dayton—
 Blackburn, Wm. J.
 Ensey, W. Webster
 Ginn, Curtiss
 Herman, Howard H.
 Herr, Ira J.
 Mansur, William B.
 McCann, Thomas A.
 Miller, George W.
 Prugh, Merrill D.
 Rounds, Fred C.
 Shawen, Charles E.
 Snow, Henry
 Sullivan, Clarke
 Webster, Frank
 Webster, Howard H.
 Webster, Rome M.
 Wine, Joseph M.
 Wonder, John D.
De Graff—
 Hance, William C.
Delaware—
 Pulford, William H.
Elyria—
 Baldwin, Harry D.
 Nicholas, George D.
Findlay—
 Barnhill, Tobias G.
Fostoria—
 Olds, Clifton B.
Fredericktown—
 Ely, William L.
Freemont—
 Dixey, Mabel G.
Granville—
 Cook, Edgar P.
Greenfield—
 Varney, James D.
Hamilton—
 Good, Henry L.
 Overpeck, James W.
 Schell, Hugh D.
 Schell, Samuel M.
Hillsboro—
 Hoyt, William
Hubbard—
 Minahan, Thomas Jr.
Jackson—
 Caldwell, Robert W.
Lakeside—
 Farber, Charles K.
Lakewood—
 Ellis, Clifton D.
Lodi—
 Hyatt, C. Inez
Lorain—
 Heeley, Sydney S.
Mansfield—
 Eckl, Simon P.
Marietta—
 Curtis, Helen E.
Marion—
 Sawyer, Charles E.
Medina—
 Damon, George J.
Miamisburg—
 Doan, Edward B.
Middlefield—
 Peffers, Ida B.
Middletown—
 Reed, Thomas E.
 Stratton, John C.
Mount Vernon—
 Arndt, George D.
Nelsonville—
 Welch, Charles E.
Niles—
 Gaston-Frack, Sarah
Norwood—
 Schneider, Edgar B.
Oberlin—
 Hawkins, Ellen F.
 Pyle, Harold W.
Orrville—
 Irvin, George H.
Oxford—
 Munns, Charles O.
Painesville—
 Tillotson, Loyal H.
Parkman—
 Heeley, John A.
Pioneer—
 Stratton, Francis M.
Piqua—
 Fahnestock, Jos. C.
 Hetherington, Clark
Port Clinton—
 Gillard, Clara H.
 Gillard, David
Portsmouth—
 Gault, William E.
Salem—
 Church, Thomas T.
Sandusky—
 Crecelius, Wm. A.
 Gillard, Edwin
 Lehman, Franklin F.
 Parker, James D.
Shelby—
 Metcalf, Hiram H.
Sidney—
 Beebe, Henry E.
 Reddish, Albert W.
Smithfield—
 Sink, Oscar O.

OHIO

South Brooklyn—
Sawyer, Walter J.
South Euclid—
Rowland, Justin E.
Springfield—
House, Robert B.
Steubenville—
Groesbeck, Fred. B.
Prentiss, Jennie B.
Struthers—
Wallace, Charles R.
Tiffin—
Chamberlin, Wade K.
Toledo—
Armstrong, Dean K.
Claypool, Albert
Dawley, Byron W.
Denman, Ira O.
Mack, Charles S.
Maxwell, Lewis K.
Maxwell, William F.
Morley, Francis W.
Rees, Owen C.
Sanford, Burton J.
Watts, William
Zbinden, Christian
Troy—
Brown, M. Belle
Means, Joseph W.
Uhrichsville—
Morrison, Frank A.
Van Buren—
Maxwell, Earl B.
Warren—
Ackley, Rose R.
Sherwood, Herbert A.
Washington Court
House—
Hodson, George S.
Woodmansee, Archie
Wauseon—
Stewart, Neville E.
West Elkton—
Holaday, Elwood
West Unity—
Held, William A.
Westerville—
Junkermann, Ulric Z.
Youngstown—
Green, Arba S.
Hamilton, John K.
McComb, John P.
Zanesville—
McBride, John B.
McBride, Martha A.

OKLAHOMA.

Bartlesville—
Ray, Mary E.
Blackwell—
Miller, Daniel W.
Miller, M. Ethel
Hastings—
Whitcomb, Silas C.
Muskogee—
De Vasher, Lela H.
Osgood, William W.

OREGON.

Ashland—
Johnson, Julian P. M.
Bend—
Jackson, Edward R.
Eugene—
Titus, J. Frank
Forest Grove—
Bishop, John S.
Geiger, Charles E.
Hood River—
McVey, John H.
Hubbard—
Schoor, Edward
Klamath Agency—
Johnson, Alfred
McMinnville—
Fellows, Ethel P.
Fellows, Floyd F.
Portland—
Bachelder, Bayley B.
Beaumont, John F.
Besson, John H.
Besson, Linford S.
Breuer, David
Brown, Flora A.
Brown, Samuel A.
Canfield, Arthur L.
Casseday, Frank F.
Dearborn, Ella K.
Hale, Presley E.
Jefferds, Henry C.
MacKenzie, Peter L.
Macrum, Charles A.
Miller, Byron E.
Nichols, Ammi S.
Nichols, Herbert S.
Palmer, Isaac N.
Webster, Daniel O.
Worcester, John F.
Tillamook—
McGee, William G.

PENNSYLVANIA.

Allentown—
Haas, George H.
Hoffman, Harry F.

Kistler, Abraham L.
Klopp, Henry I.
Martin, Constantine
Reitz, Charles B.
Statler, Edgar C.
Altoona—
Books, Benjamin F.
Replogle, H. B.
Roudabush, David M.
Annville—
Light, E. Victor
Ardmore—
Robinson, S. Miles
Youngman, Munroe D.
Beaver—
McCauley, E. S. H.
Beaver Falls—
Douds, Edward H.
Hall, Snowden K.
Swick, Jesse H.
Bethlehem—
Garis, Frank A.
Straub, David W.
Bloomsburg—
Bierman, Henry
Boothwyn—
Baier, George F.
Bradford—
King, John W.
White, A. Grace
Bryn Mawr—
Nesbit, Edwin L.
Powell, William C.
Butler—
Williams, Olin A.
Carnegie—
Minahan, Thomas
Catasauqua—
Yoder, Daniel
Chester—
Craig, John P.
Crowther, Isaac
Hubbard, Charles H.
Maddux, Daniel P.
Maloney, John H.
Mercer, Robert P.
Perkins, Charles W.
Powel, Franklin
Young, Chester W.
Clearfield—
Piper, William S.
Columbia—
Moyer, Isaiah L.
Coraopolis—
Crawford, John J.
Du Bois—
Gann, George W.
Duquesne—
Jackson, Sara B. H.

PENNSYLVANIA

- Easton—**
 Detwiller, John J.
 Kinney, Charles S.
 Seibert, Walter W.
 Seibert, William A.
Edri—
 Kaiser, A. Jerome
Elizabethtown—
 Ulrich, Sylvester S.
Erie—
 Black-Reznor, Lucy H.
 Cranch, Edward
 Drake, J. C. Merle
 Galster, Herman C.
 Griswold, Homer E.
 Ireland, J. Louis
 Lininger, Carl B.
 McNeill, Charles A.
Glen Rock—
 Seitz, William C.
Greensburg—
 Hill, Sumner A.
Greenville—
 Steele, Preston
Grove City—
 Allen, J. Mary
 Wilson, Homer S.
Hallstead—
 Merrell, Albert F.
Harrisburg—
 Burnite, John T.
 Hartman, George, W.
 Miller, Charles R.
 Perkins, Roscoe L.
 Swartz, J. Ross
Hatboro—
 Reading, Thomas
Haverford—
 Guernsey, Joseph C.
Holidaysburg—
 Stitzel, Jonas W.
Huntingdon—
 Chisholm, William W.
Jeannette—
 Robinson, Clarence G.
Jenkintown—
 Heritage, Alfred C.
Johnstown—
 Kistler, Horace E.
Kane—
 Heimbach, James M.
Kingston—
 Johnson, Marvin C.
Langhorne—
 Heritage, Joseph B.
Lansdale—
 Moyer, Herbert T.
Latrobe—
 Shaffer, Harry L.
Lewistown—
 Griffith, John B.
 McCoy, Charles M.
Linesville—
 Collins, Allen B.
Marcus Hook—
 Stockton, Harry T.
McKees Rocks—
 Lafferty, Joseph A.
Meadville—
 Clawson, Frank A.
Media—
 Levis, William R.
 Pratt, Trimble
Mifflintown—
 Baker, Albra W.
Mt. Joy—
 Richards, Frank L.
Mt. Morris—
 Bradford, George M.
New Brighton—
 Pettler, Samuel H.
 Sutton, John C.
New Castle—
 Sankey, Brant E.
New Salem—
 Gans, Robert A.
Norristown—
 Garner, Albert R.
 Krusen, Edward A.
 Krusen, Francis T.
Oakmont—
 Cooper, William H.
Philadelphia—
 Allen, John V.
 Anshutz, E. P.
 Ashcraft, Leon T.
 Axford, Walter J.
 Baker, William F.
 Barker, Walter C.
 Barrett, Onie A.
 Bartlett, Clarence
 Bernstein, Ralph
 Betts, Norman S.
 Blake, Eva M.
 Blew, Edgar M.
 Boericke, Felix A.
 Boileau, John D.
 Bradford, Thomas L.
 Branson, Mary
 Brewster, George F.
 Carmichael, Thos. H.
 Christine, Gordon M.
 Clossen, James H.
 Cloud, Charles H.
 Conley, Harry D.
 Conrad, G. Walter H.
 Cooke, Mary A.
 Copeland, Asa F.
 Culin, William D.
 Downs, Elwood E.
 Duncan, Earl S.
 Dunning, Thomas S.
 Eberhard, Harry M.
 Elliott, John D.
 Erwin, William
 Felsberg, Wm. J., Jr.
 Fischer, John A.
 Fitzgerald, David E.
 Fox, William C.
 Franck, William L.
 Frank, Jacob W.
 Furman, Horace S.
 Gladwin, Frederica E.
 Gowens, Henry L., Jr.
 Gramm, Edward M.
 Gramm, Theodore J.
 Gray, Clarence H.
 Green, Charles L.
 Griffith, Lewis B.
 Gross, Francis O.
 Haines, Oliver S.
 Hancock, Elmer E.
 Hartley, Arthur
 Hill, R. Franklin
 Hillegas, William M.
 Howell, Ellen E. W.
 Hunsicker, Wm. C.
 James, D. Bushrod
 James, John E., Jr.
 Jordan, Oscar J.
 Kase, Edmund H.
 Keim, William H.
 Killen, Ralph D.
 Kline, Horace F.
 Knerr, Calvin B.
 Korndoerfer, Augustus
 Krewson, Amos D.
 Lane, Nathaniel F.
 Leopold, Herbert P.
 Lewis, Clarence J.
 Macfarlan, Donald
 Macfarlan, Malcolm
 Mackenzie, George W.
 Mansfield, Job R.
 Martin, William L.
 Mayer, John P.
 Mercer, Warren C.
 Mitchell, John N.
 Murray, Francis H.
 Nagle, Frank O.
 Northrop, Herbert L.
 Paxson, Oliver H.
 Pearson, William A.
 Pettengill, Eliza F.
 Ploucher, William A.
 Poscy, Louis P.
 Powel, William R.
 Quackenbush, Fred'k
 Raue, C. Sigmund

PENNSYLVANIA

- Reading, J. Herbert
 Reeves, Joseph M.
 Ridge, Jonathan T.
 Ridgeway, Mary D.
 Roman, Desiderio
 Russell, Antoinette
 Sartain, Harriet J.
 Schreiner, Emma T.
 Search, Theodore C.
 Shallcross, Isaac G.
 Shannon, Samuel F.
 Shute, Furman R.
 Sloan, Malachi W.
 Smith, Frederick W.
 Spencer, William
 Stedent, Daniel E. L.
 Steele, William
 Stegmenn, Joseph A.
 Steinmetz, Deacon
 Stokes, Lydia W.
 Stubbs, George P.
 Thomas, Charles M.
 Tindall, Percy A.
 Tuller, John J.
 Van Baun, Wm. W.
 Van Lennep, Gustave
 Van Lennep, Wm. B.
 Van Tine, John L.
 Ward, John McE.
 Weaver, Harry S.
 Weaver, William A.
 Wells, G. Harlan
 Williams, William R.
 Williamson, Matth. S.
 Ziegenfus, A. Frank
- Pittsburgh—**
 Baer, George F.
 Bingham, Charles F.
 Boggess, William B.
 Briggs, Herron G.
 Calhoun, John C.
 Clark, Edward P.
 Cochran, Mary J.
 Coffin, Mary E.
 Cook, W. Caspar
 Cowley, William
 Edmundson, Francis
 Edmundson, Thos. P.
 Edmundson, Walter
 Fleming, Richard K.
 Gaggin, Verner S.
 Goff, Ella D.
 Hamilton, Samuel
 Harmount, Wm. C.
 Hofmann, Charles H.
 Johnston, Anna
 Johnston, Joseph E.
 Kistler, John D.
 Leslie, Edward C.
 Ley, Charles A.
- Loos, Julia C.
 Marshall, Robert S.
 McClelland, Robt. W.
 Metzger, Irvin D.
 Moon, Seymour B.
 Moreland, George B.
 Morris, Frederick S.
 Nicholson, Harry S.
 Pond, Edward H.
 Ramsey, Harvey E.
 Rankin, Donald T.
 Rinehart, Stanley M.
 Rohrkaste, Walter C.
 Rudolph, Myron P.
 Sawers, Frank C.
 Seip, Herman H.
 Simpson, Karl S.
 Stephens, Thomas W.
 Stewart, William A.
 Sullivan, J. Bailey
 Thompson, James H.
 Thurston, Leon
 Truter, Carl W.
 Wallace, Homer D.
 Wallace, Thomas C.
 Wendt, Charles I.
 White, Roland T.
 Willard, Louis D.
 Williams, Charles C.
 Wolfe, W. Wesley
 Wooldridge, Fred'k
 Wooldridge, Susan
- Pittston—**
 Hill, Elijah H.
 Johnson, Theo. M.
- Porter's Sideling—**
 Sterner, Lewis H.
- Pottstown—**
 Bowie, Eleazar R.
 Cooley, David B.
 Shute, Albert C.
- Pottsville—**
 Boyer, Francis W.
- Punxsutawney—**
 Walter, Jacob A.
- Reading—**
 Curry, George R.
 Ege, John
 Howell, Frederic
 Kinsley, William G.
 Kline, David C.
 Klopp, Ray C.
 Knauer, J. Glen
 Krick, George W., Jr.
 Lawrence, Frank H.
 Schantz, Henry F.
 Schantz, Margaret
- Renovo—**
 Heimbach, Allen E.
- Rochester—**
 McCauley, John C.
 Yost, Walter M.
Rosemont—
 Wilbur, Bertrand K.
Scranton—
 Lange, Frederick W.
 Peck, John L.
Sellersville—
 Pursell, James P.
Sharon—
 Hyde, Allan P.
 Walker, Hannah E.
Sharpsburg—
 Dinsmore, Sam. W. S.
Shenandoah—
 Kistler, John S.
Shippensburg—
 Brown, Samuel G. A.
Springboro—
 Chapman, Millie J.
Susquehanna—
 Miller, Seth S.
Swarthmore—
 Faringer, Howard H.
 Stockton, Max R.
Tarentum—
 Boyd, Clarence L.
Titusville—
 Sager, Cyril W.
Towanda—
 Champlin, Henry W.
Turtle Creek—
 Meley, Edward J.
Tyrone—
 Piper, Robert L.
Union City—
 Stem, Henry L.
Uniontown—
 Hemington, J. Glenn
Walter's Park—
 Almfelt, Gustavus A.
 Walter, Robert
 Walter, Robert L.
Warren Centre—
 Tripp, Joseph C.
Washington—
 Biddle, Jesse T.
 Maurer, Joseph M.
 Shoemaker, George G.
Wayne—
 Smedley, Charles D.
 Truxal, Cyrus W.
Waynesboro—
 Mentzer, Clayton A.
Waynesburg—
 Blair, Thomas L.
Wernersville—
 Massey, Franklin F.
 Waylan, Julia G.

WASHINGTON

West Chester—

Dicks, J. Oscar

West Grove—

Spencer, Francis E.

West Philadelphia—

Buckley, James B.

Wilkes-Barre—

Bullard, J. Arthur

Wilkesburg—

Kirkpatrick, Geo. H.

Martin, William J.

Pitcairn, Edward A.

Sample, Clyde W.

Stephens, William R.

Varner, Anna D.

Williams, Clara H.

Williamsport—

Reinhold, Hannah C.

Wilmerding—

Muth, Frederick L.

York—

Brickley, Edward W.

Crawford, Julia T. H.

De Hoff, J. Edmund

Shower, John A.

RHODE ISLAND**Bristol—**

Gooding, Gertrude

Hasbrouck, Cornelius

East Providence—

Allison, George F.

Greene—

Phillips, Emma A.

Pawtucket—

Bennett, John H.

Daniels, Louis R.

Providence—

Bates, Martha B.

Budlong, Martin S.

Finch, Charles H.

Gleason, Marian L. A.

Hayman, Ralph W.

Hunt, Annie W.

Jewett, Franklin S.

Lincoln, Winthrop C.

Lippitt, Louis D.

Low, Frances

Miller, Gardner L.

Muncy, William M.

Peck, George B.

Phillips, Robert S.

Prior, James H.

Sanger, Henry M.

Smith, Graydon B.

Thurber, Emily M.

Whitmarsh, Henry A.

Whitmarsh, Robert H.

Williams, Dudley A.

Wood, Arthur U.

Westerly—

Webster, Samuel C.

Woodville—

Kenyon, Frances A.

Woonsocket—

Kingsbury, Edward N.

Reed, Robert G.

SOUTH CAROLINA**Anderson—**

Smethers, Archer L.

TENNESSEE**Clarksville—**

Wilson, Charles G.

Harriman—

Rockwell, John A.

Knoxville—

Boies, William A.

Johnson, Henry W.

McCreary, William L.

TEXAS**Austin—**

Brenizer, Nelson O.

Dallas—

Anthony, Frank H.

Crowe, Thomas J.

Denison—

Smith, William L.

Dickinson—

Howell, Edwin P.

El Paso—

Edgar, John F.

Schroeder, Ferdinand

Fort Worth—

Mitchell, Howard D.

Greenville—

Bowes, Charles C.

Martins Mills—

Bryant, Felix V.

Paris—

Thornhill, Gabriel F.

Waco—

Stiles, Hunter B.

Weatherford—

MacKenzie, Wm. Y.

UTAH**Ogden—**

Mills, Earnest P.

Ridge, Alice M.

Salt Lake City—

Dart, James M.

Wherry, Curtis A.

VERMONT**Bellows Falls—**

Kirkland, Edward

Brattleboro—

Hamilton, Fremont

Noyes, Ward R.

Burlington—

Colvin, Harvey E.

Forbes, George I.

Sparhawk, Samuel

Fairhaven—

Clift, Edwin B.

Lyndonville—

Davis, Fred H.

Manchester Center—

Wymann, Edmund L.

Rutland—

Gale, Charles A.

West Burke—

Burke, Robert H.

VIRGINIA**Danville—**

Johnson, Garnette W.

Koons, Harry E.

Hot Springs—

Williams, Eli C.

Norfolk—

Perkins, Allan A.

Perkins, Robert S.

Richmond—

Baker, Harry B.

Coffman, Milton B.

Corey, Harry S.

Cottrell, Sam'l S., 2d

Faris, Ralph S.

Lorraine, Wellford B.

Taber, C. Wellington

WASHINGTON**Anacortes—**

Brooks, Samuel G.

Bellingham—

Boynton, Solon R.

Larkin, Edmund F.

Centralia—

Sargent, John G.

Chehalis—

Dow, George H.

Dayton—

Brunjes, Dick G.

Day, Charles H.

Seattle—

Beckett, Ernest E.

Bell, Will O.

Bryant, Charles P.

Carney, Earl M.

Chapman, Joseph B.

Glasgow, William A.

Goldsmith, Egbert A.

Kendall, Sarah

Littlefield, Charles W.

WASHINGTON

Long, L. Dudley
Palmer, Willard G.
Sommer, H. Otto
Young, E. Weldon

Spokane—

Farley, Robert H.
Grove, Charles E.
Johnson, Margaret
Olmstead, Elmer D.

Tacoma—

Goldsmith, Alfred E.
Steele, G. M.

WEST VIRGINIA

Mannington—

Andrews, William R.

Morgantown—

Casselberry, Melville

Parkersburg—

Muhleman, Charles L.

Wheeling—

Fawcett, John M.
McColl, John
Morris, John W.
Morris, William T.

WISCONSIN

Appleton—

Runnels, David S.

Beloit—

Bartlett, Mary

Chaseburg—

Remer, William H.

Eau Claire—

Mitchell, Roy E.

Fond du Lac—

Johnson, Charles E.

Fort Atkinson—

Clark, William T.

Janesville—

Bartlett, Edith V.
Binnewies, Frank C.
Burdick, A. Lovelle
Keller, William R.

Kenosha—

Pennoyer, Nelson A.
Ripley, George H.

Lomira—

Schesselman, Geo. H.

Madison—

Brown, Eugene A.
Vilas, Charles H.

Marinette—

Axtell, Luella E.

Merrimack—

Tryon, Fred E.

Milwaukee—

Beebe, Eugene W.
Brown, Frank E.
Forsbeck, Filip A.
Grob, Arthur R. F.

Guy, John E.

Lewis, Joseph

Nedden, Frederick Z.

Wendel, John A.

Mineral Point—

Ridley, Sylvester R.

Neillsville—

Matheson, Arne

Oconto—

Hopkins, Mary M.

Oshkosh—

Linn, Wilbur N.

Portage—

Gorton, Frederick T.

Racine—

Browne, Charles F.

Sharon—

Haverstock, Horace T.

Superior—

Russell, Henry A.

Thorp—

Cole, Beder A.

Tomah—

Wallace, Paul B.

Viroqua—

Suttle, Henry J.

Waupun—

Clark, Fay T.

Whitewater—

Fay, Ella C.

Winnebago—

Nair, Isabel P.

WYOMING

Baggs—

White, Arthur E.

Cheyenne—

Wetlaufer, Nelson R.



AFRICA

Banza Manteke, Congo

Belge, S. W. C.

AUSTRALIA

Melbourne—

Bouton, W. K.

BELGIUM

Brussels—

Mersch, E.
Nyssens, Ernest

BERMUDA

Hamilton—

Hasbrouck, Sayer

BRAZIL

Rio de Janeiro—

de Meirelles, S. S.
Martinho, Joaquin

San Paulo—

Castro, Magathias

CANADA

Brantford, Ont.—

Kippax, John R.

Cody's, New

Brunswick—

Hetherington, Judson

Edmonton—

McCormick, James P.

London—

Jarvis, Charles E.

Montreal—

Griffith, Alexander R.

Lockhart, Henry

Morgan, Edward M.

Novinger, Jefferson T.

Perrigard, Ernest N.

Robertson, James

Ottawa—

Quackenbush, Arnley

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